

FILED  
Clerk of the Superior Court

DEC 01 2017 \*

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\* Exhibits 2, 4-12, 13  
which are filed and  
not sealed per  
Court's 12/01/17  
minute order. (km)

16 IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
17  
18 COUNTY OF SAN DIEGO – CENTRAL DIVISION

19 CARLA JONES, on behalf of themselves and  
20 all others similarly situated,

21 Plaintiffs,

22 vs.

23 SHARP HEALTHCARE, a California  
24 Corporation, SHARP GROSSMONT  
25 HOSPITAL, and DOES 1- 100, inclusive,

Defendants.

Case No. 37-2017-00001377-CU-NP-CTL

[E-FILE]

**CLASS ACTION**

**APPENDIX OF EXHIBITS IN SUPPORT OF  
OPPOSITION TO DEFENDANTS' MOTION  
FOR SUMMARY JUDGMENT OR, IN THE  
ALTERNATIVE, MOTION FOR SUMMARY  
ADJUDICATION**

Hearing Date: December 1, 2017

Hearing Time: 8:30 a.m.

Dept.: 62

Judge: Hon. Ronald L. Styn

Action Filed: January 12, 2017

Trial Date: None Set

(LODGED CONDITIONALLY UNDER SEAL)

1 Plaintiff Carla Jones respectfully submits the following exhibits in support of her Opposition to  
2 Defendants' Motion for Summary Judgment or, in the alternative, Motion for Summary Adjudication:

Exhibit	Description	Page
1	Declaration of Carlisle Lewis, III in Support of Motion to Quash and/or for Protective Order	001
2	Excerpts from the Deposition of Sophia Henderson taken on October 31, 2017 <i>Confidential</i> <i>Lodged Conditionally Under Seal</i>	007
3	Excerpts from the Deposition of Carla Jones taken on August 25, 2017	016
4	Excerpts from the Deposition of Steve Yun, M.D. taken on October 30, 2017 <i>Confidential</i> <i>Lodged Conditionally Under Seal</i>	025
5	Excerpts from the Deposition of George Sweet taken on October 17, 2017 <i>Confidential</i> <i>Lodged Conditionally Under Seal</i>	054
6	Excerpts from the Deposition of Linda Hamel taken on October 31, 2017 <i>Confidential</i> <i>Lodged Conditionally Under Seal</i>	083
7	Excerpts from the Deposition of Maryann Cone taken on October 23, 2017 <i>Confidential</i> <i>Lodged Conditionally Under Seal</i>	116
8	Excerpts from the Deposition of Howard Labore taken on November 4, 2017 <i>Confidential</i> <i>Lodged Conditionally Under Seal</i>	127
9	Excerpts from the Deposition of Raymond Albright taken on September 21, 2017 <i>Confidential</i> <i>Lodged Conditionally Under Seal</i>	150
10	Notes from Missing Drug Case <i>Confidential</i> <i>Lodged Conditionally Under Seal</i>	194
11	Missing Drugs Investigator's Report <i>Confidential</i> <i>Lodged Conditionally Under Seal</i>	196

Exhibit	Description	Page
12	Investigator Sweet's Report re Missing Drugs <i>Confidential</i> <i>Lodged Conditionally Under Seal</i>	223
13	Still shot from video of Plaintiff's cesarean section showing range of camera <i>Confidential</i> <i>Lodged Conditionally Under Seal</i>	228
14	Still shots from video of Plaintiff's cesarean section showing Plaintiff being wheeled into the operating room <i>Confidential</i> <i>Lodged Conditionally Under Seal</i>	229
15	Still shots from video of Plaintiff's cesarean section showing Plaintiff communicating with nurses <i>Confidential</i> <i>Lodged Conditionally Under Seal</i>	230
16	Still shots from video of Plaintiff's cesarean section showing Plaintiff being prepared for surgery <i>Confidential</i> <i>Lodged Conditionally Under Seal</i>	235
17	Still shots from video of Plaintiff's cesarean section showing Plaintiff communicating with her husband <i>Confidential</i> <i>Lodged Conditionally Under Seal</i>	238
18	Still shots from video of Plaintiff's cesarean section showing Plaintiff and her newborn daughter <i>Confidential</i> <i>Lodged Conditionally Under Seal</i>	248
19	Still shots from video of Plaintiff's cesarean section showing nurse massaging Plaintiff's abdomen after birth <i>Confidential</i> <i>Lodged Conditionally Under Seal</i>	250
20	Still shots from video of Plaintiff's cesarean section showing Plaintiff being wheeled out of operating room <i>Confidential</i> <i>Lodged Conditionally Under Seal</i>	253
21	Excerpts from Sharp's Amended Responses to Plaintiff Melissa Escalera's Special Interrogatories, Set One	254
22	Sharp's Notice of Motion and Motion to Quash and/or for Protective Order in Dorin Medical Board Proceeding	257

Exhibit	Description	Page
23	Sharp HealthCare Patients' Rights	272
24	Plaintiff Jones Admission Agreement executed May 15, 2013	276

Dated: November 8, 2017

ADMIRE & ASSOCIATES

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By: \_\_\_\_\_

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**EXHIBIT 2**

# Exhibit 2

**(LODGED CONDITIONALLY UNDER SEAL)**

Sophia Henderson

October 31, 2017

1 SUPERIOR COURT OF THE STATE OF CALIFORNIA  
2 COUNTY OF SAN DIEGO - CENTRAL DIVISION  
3  
4 CARLA JONES, on behalf of )  
themselves and all others )  
similarly situated, )  
5 Plaintiffs, ) Case No.  
6 ) 37-2017-  
7 -vs- ) 00001377-  
8 SHARP HEALTHCARE, a California )  
Corporation; GROSMONT HOSPITAL )  
CORPORATION dba SHARP GROSMONT )  
HOSPITAL, a California Corporation )  
and DOES 1-100, inclusive, )  
9 )  
10 Defendants. )  
11 \_\_\_\_\_ )  
12  
13 DEPOSITION OF SOPHIA HENDERSON  
14 TUESDAY, OCTOBER 31, 2017  
15 8:59 A.M.  
16 501 WEST BROADWAY, SUITE 1000  
17 SAN DIEGO, CALIFORNIA  
18  
19  
20  
21  
22 REPORTED BY:  
23 DEBEERA ANNE DORAN  
24 CSR NO. 7821  
25

1           A     Yes.

2           Q     Did you work -- do any other jobs during  
3     that 15-year period?

4           A     I worked -- volunteered.

5           Q     Where was that?

6           A     Red Cross.

7           Q     What did you do for them?

8           A     Answered phones and set up classes, to make  
9     appointments for classes, like CPR classes.

10          Q     How often did you volunteer for the Red  
11     Cross?

12          A     It was like a volunteer program. So I think  
13     it was just maybe a year.

14          Q     Any other employment while you were doing  
15     the day care?

16          A     No.

17          Q     And after the day care, where did you then  
18     next work?

19          A     Sharp.

20          Q     Have you had any other jobs since starting  
21     at Sharp?

22          A     Nope.

23          Q     When did you start at Sharp?

24          A     19 -- I've been there for 18 years.

25          Q     And you're still there?

1           A     Yes.

2           Q     What is your current position at Sharp?

3           A     Patient payer focus.

4           Q     Have you had any other positions at Sharp?

5           A     No.

6           Q     So from the time you were hired until now,  
7     you remained in the same position?

8           A     Correct.

9           Q     What do you do as a patient payer focus?

10          A     Registration, register patients and make  
11        phone calls to doctors' offices, check insurances, and  
12        collect payments.

13          Q     The calls to doctors' offices that you make,  
14        what is the purpose of that?

15          A     We call them to make sure that their  
16        insurance is correct. And for authorization, make sure  
17        the authorization is there.

18          Q     You call other doctors' offices to --

19          A     Well, their doctor's office. Like if we  
20        called to their doctor's office, like if they need  
21        authorization, we go to the hospital for procedure, then  
22        we call their doctor's office to make sure it's there.

23          Q     Oh, I see; that the doctor actually referred  
24        them --

25          A     Yes.

1                   Q     Does Sharp give you any type of training for  
2 your position?

3                   A     Yes.

4                   Q     What does that include?

5                   A     Well, the people that train us, they  
6 train -- they tell us how to do the registration. We  
7 have Net Learning. That's on the computer, and we train  
8 from there.

9                   Q     Do they give you any training about how to  
10 respond to patients' questions regarding the admissions  
11 form?

12                  A     Yes.

13                  Q     And what does that include?

14                  A     We have forms that we can look at -- well,  
15 actually, not forms, I'm sorry. Patients -- sorry, I'm  
16 nervous.

17                  Q     Take your time.

18                  A     Our bosses, they will let us know. They'll  
19 give us a little paper on, you know, what to ask, what to  
20 tell them. And if we do not know, we can also let our  
21 boss know, and they give us more information on it.

22                  Q     Do they give you any type of a course where  
23 you're trained to respond to patients' questions about  
24 the consent form?

25                  A     No.

1                   Q     So it's more just on the job; if you don't  
2 know, you would ask your boss, and they would tell you  
3 how to respond?

4                   A     Yes.

5                   Q     When did you first become aware that Sharp  
6 had hidden video cameras in their operating rooms in the  
7 Women's Center?

8                   A     Once I spoke with Teresa.

9                   Q     Do you know who Mary Ann Cone is?

10                  A     I know the name, but, no, I do not.

11                  Q     When you say that you give people the  
12 admissions form, is that the consent form for hospital  
13 admissions?

14                  A     Yes.

15                  Q     I'm going to show you a form that's been  
16 previously marked as Exhibit 27. Is this the form that  
17 you're talking about that you give to the patients?

18                  A     Yes.

19                  Q     Are there any typical questions that you get  
20 when you give patients this form?

21                  A     No.

22                  Q     On this particular exhibit, on the second  
23 page, is any of your handwriting on here?

24                  A     Yes.

25                  Q     And where is that?

1 A My signature.

2 Q Okay. And that's under "witness"?

3 A Yes.

4 Q Do you recall the patient Carla Jones?

5 A No.

6 Q On the second page of this consent form,  
7 under number 17, it looks here like she initialed that  
8 she does not approve newborn photography. Is that  
9 accurate?

10 A Yes.

11 Q Is that common for people to not approve  
12 that?

13 A Yes.

14 Q Why is that?

15 MR. PEARSON: Objection. Calls for  
16 speculation.

17 You can answer.

18 THE WITNESS: Because they bring in their  
19 own cameras and they say they will take their own  
20 photography.

21 BY MR. ADMIRE:

22 Q What would you say the most common question  
23 you get about these forms are before people sign them?

24 A Repeat the question?

25 Q What would be the most common questions you

1 have anyone else that makes your healthcare decisions for  
2 you that's in writing.

3 Q And about insurance, what are the responses  
4 you give them when they're asking about the billing of  
5 their insurance?

6 A They just want to make sure that their  
7 insurance is billed first before they are billed. And  
8 then I just let them know that, if they're not contracted  
9 with us, then they will be billed, and they will be  
10 responsible for their bill.

11 Q Approximately how many of these forms have  
12 you witnessed, like Exhibit 27, over the 18 years that  
13 you've been working at Sharp?

14 A I have no idea.

15 Q Thousands?

16 A It could be more. I have no idea.

17 Q How many a day would you probably do? An  
18 estimate.

19 A It could be up to 15.

20 Q During that time, has anybody asked you  
21 specifically about paragraph number one, where it talks  
22 about the taking of photographs and videos?

23 A Has anyone asked me?

24 Q Yes.

25 A No.

1           Q     So in the whole 18 years, nobody has brought  
2 up a question about paragraph one at all. Correct?

3           A     Correct.

4           Q     It's also fair to say that, if somebody  
5 asked you if they were going to be secretly videoed while  
6 they were undergoing a procedure with their doctor while  
7 at Sharp, you would have told them no. Correct?

8           A     Secretly?

9           Q     Yes.

10              THE WITNESS: Can I answer that?

11              MR. PEARSON: Yes.

12              THE WITNESS: Okay. Yes.

13          BY MR. ADMIRE:

14           Q     So had Carla Jones asked you if she was  
15 going to be secretly videoed while she was in the  
16 operating room during her C-section, you would have told  
17 her, no, she would not?

18           MR. PEARSON: I object. Calls for  
19 speculation. Argumentative.

20              But you can answer.

21              THE WITNESS: Yes.

22          BY MR. ADMIRE:

23           Q     I don't want to get a double negative  
24 because I'm asking you one question and then you're  
25 saying "yes." But let me just ask it one other time in

1                   Q. If Ms. Jones had asked you, "Does this  
2                   consent give Sharp the authorization to  
3                   secretly record me while I'm in the  
4                   operating room undergoing a procedure with  
5                   my doctor," what would you have told her?)

6 BY MR. ADMIRE:

7                   Q Only because of your answer, it makes it a  
8                   little bit unclear. So let me ask it one more time, and  
9                   then you can respond yes or no. And I think it will be  
10                  clear.

11                  So if Ms. Jones asked you, if the consent in  
12                  paragraph one authorized Sharp to secretly record her  
13                  while she's in the operating room undergoing a procedure  
14                  with her doctor, what would you have told her?

15                  MR. PEARSON: Objection. Calls for  
16                  speculation.

17                  THE WITNESS: No.

18 BY MR. ADMIRE:

19                  Q Thank you.

20                  How many people at Sharp do the job that you  
21                  do? When I say Sharp, I meant Sharp Grossmont Hospital.

22                  A Registration?

23                  Q Yes.

24                  A I have no idea.

25                  Q Do you work only in the Women's Center or is



# Exhibit 4

**(LODGED CONDITIONALLY UNDER SEAL)**



1           A. Yes.

2           Q. Any times where it wasn't related to medicine  
3 where you were an expert, but you were -- or that you  
4 weren't considered an expert for the purpose of the  
5 deposition?

6           A. I testified in a deposition in a civil matter  
7 involving my home.

8           Q. So I'll skip some of the usual ground rules  
9 since you've had your deposition taken so many times, but  
10 it is important to note that you're under oath to tell  
11 the truth here today just as if you were in a court of  
12 law, even though we're in an informal setting.

13           Do you understand that?

14           A. Yes.

15           Q. Is there any reason you can't give truthful  
16 and accurate testimony today?

17           A. No.

18           Q. How were you hired in this matter? Who hired  
19 you?

20           A. Approximately one month ago I received either  
21 an e-mail or a phone call, I do not recall which, from  
22 Ms. Teresa Chow, C-h-o-w.

23           Q. And what did she ask you to do?

24           A. She asked me to testify as an expert as to the  
25 dangers of Propofol, especially when used in an illicit

1 manner.

2 Q. What do you mean "illicit manner"?

3 A. Propofol that's obtained either legally or  
4 illegally and then used in a nonregulated setting.

5 Q. Did she give you any other information?

6 A. She gave me a very brief synopsis of the case,  
7 which involved a doctor who was accused of stealing or  
8 taking Propofol from a hospital in the San Diego area.

9 Q. Did she give you any documents to review?

10 A. No.

11 Q. To the best of your recollection, then, can  
12 you tell me what she told you about this doctor who was  
13 accused of taking Propofol?

14 A. I believe I've summed up the extent of our  
15 conversation and information she gave to me. The only  
16 thing I could add is that I believe she mentioned it was  
17 Sharp Grossmont Hospital.

18 Q. Would you mind just going over again exactly  
19 what you recall she told you about these events.

20 A. I don't recall specifics of our conversation,  
21 other than what I've already stated.

22 Q. So I think you stated that there was a doctor  
23 accused of taking Propofol in the San Diego area?

24 A. From a San Diego hospital, yes.

25 Q. Did she tell you that the doctor was suspected

1 of using that Propofol?

2 A. I don't recall.

3 Q. Did you assume for your work here today that  
4 the purpose of the physician taking the Propofol was to  
5 abuse it himself, to ingest it himself or to use it on  
6 himself?

7 A. I don't think I made any assumptions as to  
8 what the Propofol was being used for, although certainly  
9 one of the possibilities has to be abuse of the Propofol  
10 either in himself or in another person.

11 Q. I guess the reason I ask is because if she  
12 told you the Propofol was being taken to be used at  
13 another surgery center where this doctor worked, then  
14 that might be a different -- you might have different  
15 conclusions of your opinions than if you thought he was  
16 abusing the Propofol by taking the Propofol, correct?

17 A. Correct. I don't believe that possibility was  
18 ever mentioned in my initial conversation.

19 Q. Okay. If that was the possibility, though,  
20 your opinions would be different?

21 A. No, it's still a very dangerous situation, to  
22 be taking Propofol in an illicit manner from a facility.

23 Q. What would be the dangers if that Propofol was  
24 being used in another surgery center to be used on  
25 patients at a different surgery center?

1           A. Well, you're making the assumption that  
2 someone who is taking it illicitly is then going to use  
3 it in a legal and regulated manner. I'm not sure you can  
4 make that assumption. Once someone makes the dramatic  
5 step of taking a drug illegally from a facility, you  
6 cannot assume they will use that drug in a legal manner.  
7 So all sorts of possibilities present themselves when  
8 that breach has occurred.

9           Q. Did Ms. Chow mention to you that it wasn't  
10 just Propofol, but that there were multiple drugs missing  
11 from Sharp Grossmont Hospital?

12          A. No, not in the initial conversation.

13          Q. And have you ever come to understand that to  
14 be the case?

15          A. In a subsequent conversation with Mr. Pearson,  
16 I came to understand that other drugs were also missing  
17 from the hospital.

18          Q. Okay. So other than the conversation you had  
19 with Ms. Chow initially and the conversation --  
20 subsequent conversation with Mr. Pearson, have you had  
21 any other conversations with anybody about this case?

22          A. Only with Mrs. Chow and Mr. Pearson.

23          Q. How many conversations have you had with  
24 Mrs. Chow about this case?

25          A. I don't recall the exact number. There was a

1 initial conversation with Mrs. Chow and then a second  
2 conversation that occurred, according to my notes,  
3 September 22nd.

4 Q. What was discussed in the September 22nd  
5 conversation?

6 A. We discussed the drafting of my declaration.

7 Q. Was your declaration drafted by her office and  
8 then sent over for your signature?

9 A. The initial declaration was drafted as a  
10 collaborative effort between myself and Mr. Pearson,  
11 primarily. That draft then was sent to me via e-mail,  
12 and I then discussed the revisions to that draft with  
13 Mrs. Chow.

14 Q. Did you have any -- what were the revisions?

15 A. Primarily grammatical, as I recall. I don't  
16 recall any other specifics or any other substantial  
17 changes to the declaration.

18 Q. Have you ever testified on behalf of Sharp  
19 hospitals previously?

20 A. No.

21 Q. What about for the law firm Baker Hostetler?

22 A. No.

23 Q. What about for Ms. Chow?

24 A. No.

25 Q. Mr. Pearson?

1 declaration.

2 Q. Why is that?

3 A. Again, once a decision has been made by a  
4 person to illegally obtain Propofol, it opens the door to  
5 all sorts of possibilities, including abuse, addiction  
6 and other nefarious purposes. One cannot assume that  
7 it's being used or going to be used for legal purposes  
8 once it's been obtained in an illegal manner.

9 Q. For the purposes of your declaration, was it  
10 just assumed that the Propofol was taken by a certain  
11 physician?

12 A. To the best of my recollection, I believe I  
13 was told that one particular doctor was suspected of  
14 taking these medications.

15 Q. Do you know if there was ever any criminal  
16 charges filed against the doctor for taking the  
17 medication?

18 A. I do not know.

19 Q. Do you know if there was ever any action taken  
20 against his medical license for taking those medications?

21 A. I do not know.

22 Q. If you subsequently learned that there were  
23 reports by the nurses to the security relating to the  
24 missing drugs that indicated they believed the drugs were  
25 being used to stock another surgery center and, in fact,

1 physician, I would be very concerned, regardless for what  
2 purpose, if someone is taking drugs illegally from a  
3 facility, because that shows their mindset as to how  
4 dangerous that they could potentially be to themselves or  
5 to others.

6 Q. Were you made aware that the missing drugs --  
7 did they tell you how long they had been missing from  
8 Sharp Hospital?

9 A. No, not that I recall.

10 Q. Would it make a difference if it was a recent  
11 event as opposed to something that had been continuing  
12 for years?

13 A. It would not change my opinions ultimately,  
14 no.

15 Q. If something had been continuing for years  
16 with no effects on patient safety at their hospital,  
17 would that change your assumption of whether or not the  
18 patients at Sharp Hospital were in any danger?

19 A. Well, that's a very broad assumption. We  
20 don't know if patient safety was endangered because I  
21 don't have access to those records. We don't know, for  
22 example, which patients couldn't receive certain drugs  
23 and then suffered some sort of pulmonary distress or some  
24 sort of other anesthesia event. Without access to all  
25 the records and looking at all the data, I can't assume

1       that patient safety was not endangered by this alleged  
2       activity.

3           Q.     So it's not -- you can't tell one way or  
4       another whether patient safety was endangered because of  
5       this activity because you don't have the information?

6           A.     Correct.

7           Q.     I'm going to show you what has been previously  
8       marked as Sharp Number 9. And this is part of another  
9       investigative report into these missing drugs.

10           And I want to show you the second paragraph  
11       under the heading "Background." The last sentence  
12       says -- I guess there's only one sentence. But it says  
13       "previous to May 2012" -- excuse me. Let me read the  
14       whole thing.

15           It says "Per Investigator Sweet's reports,  
16       there was no written record of any of the missing drugs  
17       previous to May 2012, but both Hamel and Babcock said the  
18       losses go back a few years. They will document any  
19       further drug shortages."

20           So does it stand to reason that the losses go  
21       back a few years and there were multiple drugs missing  
22       that -- and there were no reports of any patients being  
23       endangered or not being able to be administered the  
24       proper drugs, that it didn't really put patient safety at  
25       issue in the Sharp Hospital?

1 now.

2           But you can testify as to what you've been  
3 retained for right now.

4           THE WITNESS: Based on the information I've  
5 been provided, no.

6 BY MR. ADMIRE:

7           Q. Is it fair to say that at many hospitals,  
8 nurse practitioners regularly administer Propofol?

9           A. I'm on staff at several hospitals, and I'm not  
10 aware of any nurse practitioners nor any nurses that are  
11 allowed to administer Propofol in my facilities. And I'm  
12 not aware of any reports of nurse practitioners  
13 administering Propofol in a licensed facility.

14           Q. Are you aware that that occurs in other states  
15 other than California?

16           A. I'm not aware of any information as to that,  
17 no. I would clarify, though, by "nurse practitioner" are  
18 you including certified registered nurse anesthetists or  
19 just nurse practitioners?

20           Q. Yes. I should have said that, nurse  
21 anesthetists.

22           A. Yes, definitely then. CRNAs can and do  
23 administer Propofol in California and many other states.

24           Q. So I think they're called nurse anesthetists?

25           A. Correct.

1           Q. And they do administer Propofol at many  
2 hospitals, then?

3           A. Yes.

4           Q. Are you aware of who can administer Propofol  
5 at Sharp Grossmont Hospital?

6           A. No.

7           Q. Would you assume that it's both doctors and  
8 nurse anesthetists?

9           A. I think that's a safe assumption, yes.

10          Q. ~~You stated in your declaration that you knew~~  
11 of a colleague who abused Propofol to help him sleep.  
12 What was his name?

13          A. I don't recall the name. I do recall it  
14 occurring in my home state of Wisconsin. But this is  
15 over 15 years ago. So I do not recall the name of the  
16 physician.

17          Q. What discipline did he get for taking  
18 Propofol?

19          A. I believe his medical license was revoked and  
20 put back on probation.

21          Q. When was this?

22          A. I believe it was approximately 10 to 15 years  
23 ago.

24          Q. How was it discovered that he was abusing  
25 Propofol?

1                   MR. ADMIRE: If there are later, I'll let you  
2 assert those. You're not waiving them now.

3                   MR. PEARSON: I'm happy to work with you. I  
4 just don't want to compromise anybody here.

5 BY MR. ADMIRE:

6                   Q. We'll leave a blank in the deposition and you  
7 can fill in that doctor's name when you get it because  
8 you'll have a chance to review this and check it out.  
9 Okay?

10                  A. Yes.

11                  (Information Requested:

12                  )

13 BY MR. ADMIRE:

14                  Q. Do you know if that particular doctor -- did  
15 he harm any of his actual patients because of his  
16 Propofol abuse?

17                  A. I don't know or recall any details from that  
18 case.

19                  Q. So you don't know if he partially put any  
20 patients at risk of safety or not?

21                  A. Personally, no, I have no direct knowledge.

22                  Q. Did you do like a PubMed search relating to  
23 Propofol abuse to prepare your declaration?

24                  A. No.

25                  Q. Did you do any type of literature research to

1        prepare for your declaration?

2            A.     Other than to obtain the articles that I have  
3     included in my exhibits, no. And these were articles  
4     that I had been aware of and so searched specifically for  
5     those articles.

6            Q.     I think you attached about six articles in  
7     total?

8            A.     Correct.

9            Q.     How did you search for those articles?

10          A.     Well, the two articles from the case involving  
11     a doctor in North Dakota and the case involving the nurse  
12     involved in a murder in Florida, as well as the New York  
13     Times article or mass media articles that I had been  
14     aware of and read previously, so I simply searched for  
15     those articles again.

16           The other three articles are more academic  
17     articles that I had come across in my reading and  
18     recalled that those were pertinent for this case and so I  
19     searched specifically for those articles as well.

20          Q.     In the two examples of the articles that you  
21     attached -- I think they're the doctor in North Dakota  
22     and the nurse in Florida -- in those situations -- and I  
23     believe the doctor in North Dakota was using it on his  
24     wife for -- he said to help her sleep, correct?

25          A.     Yes.

1           Q. And the one in Florida was -- looked like some  
2 sort of a nurse anesthetist who was accused of murdering  
3 a love interest of some sorts with the use of Propofol  
4 and leaving her, correct?

5           A. And he was convicted, yes.

6           Q. In those two examples, did that doctor or  
7 nurse put any of their patients at the hospital at risk  
8 by their illicit use of Propofol?

9           MR. PEARSON: Objection. Calls for  
10 speculation.

11           THE WITNESS: I have no direct knowledge of  
12 that, no.

13 BY MR. ADMIRE:

14           Q. In the research that you did do, did you find  
15 any reports of an instance where a patient was harmed due  
16 to the doctor or nurse abusing Propofol?

17           A. I don't recall seeing any reports or data of  
18 that sort, no.

19           Q. It's fair to say that Propofol is an extremely  
20 fast-acting drug, correct?

21           A. Well, it depends on your definition of  
22 extremely fast acting. But in general, yes, most  
23 anesthesiologists would agree it's a rapid-acting drug.

24           Q. Propofol would either -- the vast majority of  
25 abuse of Propofol is an attempt to sleep because somebody

1 specifically reading at some point during my regular  
2 literature review, so that's a study that I specifically  
3 pulled for this declaration.

4 Q. What year was that study done?

5 A. A Survey of Propofol Abuse and Academic  
6 Anesthesia Programs, Anesthesia and Algesia, October  
7 2007.

8 Q. Okay. I believe I asked you a question  
9 previously. And I'll see -- it's in this study.

10 But is it fair to say the most common reason  
11 people would inject themselves with Propofol would be to  
12 induce sleep?

13 A. Again, I would have to review the exact  
14 wording of this study.

15 Q. Let me show you on Page 1, on the -- right  
16 above the Conclusions section, two sentences above that.

17 A. Yes. So in this study the statement was made,  
18 quote, "The most common subjective response as to why  
19 they began using Propofol was to induce sleep," end  
20 quote.

21 Q. "When somebody injects Propofol, it has a  
22 short-acting nature that produces a few moments of  
23 euphoria commonly followed by solemnness or a brief  
24 sleep"; is that fair to say? Is that your understanding  
25 of Propofol?

1           A. Yes.

2           Q. If somebody were to attempt to abuse Propofol,  
3 they would have to take it intravenously, correct?

4           A. Yes.

5           Q. In that way they would have to have a needle  
6 in their vein?

7           A. Yes.

8           Q. And if somebody were abusing Propofol  
9 regularly, they would have to inject themselves quite a  
10 lot, up to 20 to 40 injections per day, correct?

11          A. I believe that there is a report of someone  
12 injecting themselves 20 to 40 times a day, yes.

13          Q. So would it be fair to say if somebody were  
14 injecting themselves 20 to 40 times per day, they would  
15 have some needle marks around their veins?

16          A. No.

17          Q. Why not?

18          A. I think in that particular case that person  
19 actually had a permanent venous access port that's  
20 implanted underneath the skin in which they were able to  
21 inject themselves.

22          Q. If a doctor or a nurse had an access port in  
23 one of their veins, that could be detected upon physical  
24 examination of that person?

25          A. Usually the access port is placed on the

1           Q. Just so I'm clear, your statement is abuse of  
2 Propofol among healthcare practitioners is uncommon,  
3 correct?

4           A. Yes.

5           Q. In fact, of all reported cases of healthcare  
6 abuse of drugs, the abuse of Propofol was less than 2  
7 percent of the cases, correct?

8           A. In these small studies that I've included,  
9 yes.

10          Q. You'd made a comment in your declaration that  
11 the abuse of Propofol is often detected after the person  
12 has been injured in that they're either found unconscious  
13 or they've injured themselves because they became  
14 unconscious and either hit their head, et cetera. Is  
15 that fair to say?

16          A. Yes.

17          Q. With that in mind, is it fair to say that it  
18 would be very difficult to abuse Propofol as a physician  
19 who is working in a hospital?

20          A. Well, one thing I've learned over the years is  
21 you can't underestimate the addict and their potential  
22 for risk-taking behavior and their ability to escape  
23 undetected. So I agree. It should be difficult. But at  
24 the same time, the addict is oftentimes the person you  
25 least suspect, the person who is well respected and very

1 well liked. I guess that would be more speculation on my  
2 part.

3 Q. But it would be fair to say generally that if  
4 somebody were to be abusing Propofol, it would be very  
5 unlikely that they could do so while working in a  
6 hospital around other nurses and physicians just because  
7 the very fact that generally Propofol puts you to sleep,  
8 correct?

9 A. So if I understand your question correctly, it  
10 would be difficult to detect if they're abusing Propofol  
11 in the hospital while they're working or if they're  
12 abusing it at home?

13 Q. In the hospital while they're working.

14 A. I think in general that's probably a fair  
15 statement. But, again, it depends on the dose that's  
16 being injected. You could theoretically give yourself a  
17 microdose of Propofol numerous times throughout the day  
18 and easily go undetected, depending upon your behavior  
19 and your ability to hide your behavior.

20 Q. Right. Well, you talked about being able to  
21 possibly go in and give yourself a small dose and take a  
22 half-hour nap and then come back to work undetected,  
23 correct?

24 A. Yes.

25 Q. But if you were abusing it in any more of a

1 substantial way than that, it would be pretty much  
2 impossible to work while abusing it?

3 A. One would think so, yes.

4 Q. I think I asked you this before, but just to  
5 clarify, in this study that we have from this database  
6 where they try to make as comprehensive a study of the  
7 abuse of Propofol as they could in 2013, there were no  
8 reported cases of patient safety issues relating to the  
9 doctors abusing Propofol, correct?

10 A. I don't recall any specific data or even if  
11 that was a focus of this particular study, no.

12 Q. But you're not aware of any as you sit here  
13 today, correct?

14 A. Direct knowledge, no.

15 Q. And you've never even read about it or heard  
16 about it either, correct?

17 A. As it relates directly to Propofol abuse, I  
18 can't think of any specific examples at this time, no.

19 Q. So just to be clear, in relation to a  
20 healthcare provider abusing Propofol, you don't have any  
21 information of a patient of theirs or the institution  
22 being put in harm's way or any safety issues relating to  
23 that abuse, correct?

24 A. Obviously it's a very dangerous situation, but  
25 I don't have any direct knowledge or examples that I can

1 recall at this time, no.

2 Q. And you've never heard of any either, correct?

3 A. Not that I can recall at this time.

4 Q. I want to talk to you briefly about if someone  
5 were to take a small dose of Propofol that would not put  
6 them to sleep, it's fair to say that that amount of  
7 Propofol would wear off within 5 to 10 minutes, correct?

8 A. I think that's a fair assumption, yes.

9 Q. What respiratory complications can occur with  
10 the use of Propofol that can be addressed by an  
11 anesthesiologist while they're administering it?

12 A. I'm not sure I understand your question.

13 Q. You stated in your declaration that Propofol  
14 can cause severe respiratory complications and, if not  
15 appropriately and timely addressed, death within a matter  
16 of minutes.

17 I'm asking you what complications does a  
18 patient undergo that would have to be addressed?

19 A. Propofol, as it's commonly used in our  
20 operating rooms in the dosages that we use, is used to  
21 induce complete unconsciousness to the point where  
22 patients will often stop breathing entirely on their own.  
23 And so if we don't provide assisted artificial  
24 ventilation to the patient, they'll obviously experience  
25 cardiac arrest and brain death due to the lack of

1       an anesthetic.

2           Q.     So I guess the question is looking -- if  
3     you -- if the hospital were to come to you and say,  
4     Doctor, look, we have these drugs and this number of  
5     vials missing from our anesthesia carts over this  
6     four-month period, is it your opinion that we should be  
7     worried that we have a drug user, one of the healthcare  
8     practitioners, that we should do further investigation?

9           A.     I would certainly raise that as a strong  
10   possibility. When you have someone who is willing to  
11   steal drugs from your facility, again, it's usually  
12   accompanied by other nefarious behavior. So you really  
13   have to take that into account. This probably is just  
14   the tip of the iceberg, from my perspective.

15          Q.     Let me ask you this. On this list,  
16   considering this is a four-month period of drugs that  
17   they believe were missing from their carts, is it  
18   possible, in your opinion, that these drugs were likely  
19   used on patients during the four-month period and maybe  
20   not noted in the patient's charts? Is that a  
21   possibility?

22          A.     Certainly that's a possibility. We don't know  
23   how accurate the recordkeeping system is. This may be  
24   just a paperwork error, certainly.

25          Q.     And the reason I ask that is would that be

1       your first inclination, to try to determine whether this  
2       was a paperwork error? Would that be your first  
3       inclination if the hospital were to come to you with this  
4       list and say here's what we've got missing over this  
5       four-month period?

6           A. I don't know if it would be my first  
7       inclination, but certainly that would be one of many  
8       steps I would take, try to determine the accuracy of this  
9       count.

10          Q. Because as you look at this list and the  
11       number of different things that are missing, it is --  
12       fair to say that it doesn't jump out to you as an obvious  
13       abuse by a healthcare practitioner of any of these drugs,  
14       correct?

15          A. Just at face value, just looking at this list  
16       and the numbers and assuming that these numbers are  
17       correct, there's nothing here that says explicitly that  
18       this is a potential drug abuse situation. But certainly  
19       any time you do have drugs missing in this manner, you  
20       have to take into account that possibility.

21          Q. Is it fair to say that -- it looks like the  
22       two largest missing drugs on this list are the Zofran and  
23       the Toradol. Is it fair to say those are both drugs that  
24       could commonly be given to patients without it  
25       necessarily being noted in their chart?

1                   MR. PEARSON: Objection. Calls for  
2 speculation.

3                   THE WITNESS: Again, that would be very  
4 speculative. But certainly it's within the realm of  
5 possibility.

6 BY MR. ADMIRE:

7                   Q. So your first inclination of looking at this  
8 list would not be that there's an emergent patient safety  
9 issue at this hospital from this amount of drugs missing  
10 over this four-month period, correct?

11                  A. No, but it would give me concern and it has to  
12 be -- one of the possibilities I take into account is is  
13 this an accurate number or is this the tip of the  
14 iceberg. We don't really know.

15                  Q. Nothing about this list alarms you that the  
16 hospital's patients are not safe?

17                  A. Not knowing about the history of the hospital  
18 or the context of the situation, but just taking this  
19 list at face value, I would agree. I can't make any  
20 conclusions based on patient safety.

21                  Q. I guess another way to ask it would be if you  
22 were given this list and told this amount of drugs were  
23 missing over this four-month period, it's fair to say  
24 that you would not immediately be concerned about the  
25 safety of that hospital's patients, correct?

1           Q. Explain those to me.

2           A. For example, if -- this is hypothetical.

3       Let's say someone is giving a patient Spinal Marcaine and  
4       overdosing that patient with, let's say, two to three  
5       times the dose of Spinal Marcaine because they want those  
6       patients to be really numb and anesthetized, but then  
7       they tell the recovery room nurse this patient only  
8       received one vial of Marcaine when, in fact, they had  
9       received two or three, that's potentially a very serious  
10      patient safety issue because that patient is more likely  
11      to develop complications from an overdose of Spinal  
12      Marcaine, and yet the recovery room nurse won't be aware  
13      of that because she's been told -- or she looks at the  
14      record and it says only one does of Spinal Marcaine was  
15      given.

16           That's just one example of many where a  
17       discrepancy of this sort, if it's accurate, could  
18       potentially cause patients harm.

19           Q. But, as you said before, looking at this list  
20       right now, this could just be a recordkeeping error?

21           A. Yes, that's certainly possible.

22           Q. It's not so far out of the realm of a  
23       four-month period that it couldn't just simply be a  
24       difference between documenting the use of these drugs and  
25       not documenting them, correct?

1                   MR. PEARSON: Objection. Calls for  
2 speculation.

3                   THE WITNESS: I would just say that that's  
4 within the realm of possibility.

5                   MR. PEARSON: Would you mind if we take five  
6 minutes?

7                   MR. ADMIRE: Yeah, I'm almost done.

8                   (Recess)

9 BY MR. ADMIRE:

10                  Q. Doctor, going back over the list of drugs that  
11 we just went through that were reported missing between  
12 May of 2012 and September 14th of 2012, it's fair to say  
13 that none of those are drugs that would be commonly  
14 abused by healthcare professionals?

15                  A. Commonly abused, no.

16                  Q. And none of them are controlled substances?

17                  A. No.

18                  Q. And none of them are narcotics?

19                  A. Correct.

20                  Q. In that missing drug investigation that took  
21 place where that nurse was dismissed for using -- did you  
22 say it was Dilantin?

23                  A. It was either Dilaudid or Demerol, both of  
24 which were narcotics. I don't recall the specific drug.

25                  Q. Did they use any hidden cameras in that

1 hospital to catch that nurse?

2 A. I'm not aware of any specifics of the  
3 subsequent investigation.

4 Q. Have you ever heard of any hospitals other  
5 than Sharp secretly filming patients' procedures in an  
6 operating room with hidden cameras?

7 A. I'm not aware, no.

8 Q. Would video of a patient's procedure that  
9 contained identifiable information about that patient  
10 constitute a medical record, in your opinion?

11 A. Yes.

12 Q. And that would then have to be contained --  
13 that video would then have to be contained in that  
14 patient's medical record, correct?

15 A. I'm not an expert in the specifics of medical  
16 recordkeeping, but I would assume so. But, again, it's  
17 outside my area of expertise.

18 Q. Well, it's fair to say that a video of a  
19 procedure could also be helpful for future treatment of  
20 that patient depending on what was done in the -- during  
21 the operation, correct?

22 A. I guess that's possible, yes.

23 Q. In your declaration you stated that a patient  
24 is never permitted to take Propofol outside the  
25 supervision of a knowledgeable physician, correct?

1 A. Yes.

2 Q. That's true with pretty much any drug while  
3 the patient is in the hospital, correct?

4 A. Yes.

5 Q. In that study that you attached, Addiction to  
6 Propofol, a Study of 22 Treatment Cases, it's fair to say  
7 in the years between -- that that study took into  
8 consideration reported abuse by healthcare practitioners  
9 between the year 1990 to 2010, correct?

10 A. Yes.

11 Q. And during that time there were only 22  
12 reported incidents of Propofol abuse among healthcare  
13 practitioners?

14 A. Yes.

15 Q. And for those cases, in the 22 cases, most of  
16 them came for treatment for that addiction within a few  
17 months of starting the use of Propofol, correct?

18 A. I believe that's accurate, yes.

19 Q. And, in fact, five of those 22 patients came  
20 for treatment after just a single incident of Propofol  
21 use, correct?

22 A. I believe that's accurate, yes.

23 Q. I wanted to ask you briefly again. The  
24 duration of the action of the Propofol, it's -- the  
25 duration of Propofol is between 5 to 10 minutes, correct?

1           A. Well --

2           MR. PEARSON: Objection. Vague.

3           THE WITNESS: It depends greatly on the actual  
4 dose. So a microdose may last much shorter, a larger  
5 dose may last much longer. And then as well there's  
6 individual pharmacokinetics. Each person will vary in  
7 how they respond to Propofol.

8           But for the sake of the argument, I would say  
9 in general if you give a patient a small dose of  
10 Propofol -- and by "small" I define that as perhaps 30 to  
11 50 milligrams, which is 3 to 5 cc's of Propofol -- most  
12 patients should recover from that within 5 to 10 minutes.

13 BY MR. ADMIRE:

14 Q. Would those patients experience some sort of  
15 loss of consciousness within that 5 to 10 minutes?

16 A. That's certainly likely and probable.

17 Q. So with even a small dose of Propofol that  
18 only last 5 to 10 minutes, that person is likely and  
19 probably going to experience some unconsciousness?

20 A. For a variable amount of time, yes.

21 Q. And if that person wanted to then abuse  
22 Propofol in a way that they did not fall asleep, they  
23 would have to inject even a smaller amount than you just  
24 discussed, right?

25 A. In the hypothetical example we're discussing,

1 14 died.

2 A. I'm quoting again from the article. "Of the  
3 38 cases, 14, or 37 percent, were fatal."

4 Before that statement, the article also  
5 states, quote, "However, many more cases are probable  
6 because only the most serious appear to have been  
7 described."

8 Q. In the other article that you attached from  
9 the New York Times talking about high profile deaths, on  
10 the second page of five on that, the doctor that they  
11 quote in this on the third paragraph from the bottom  
12 states "Abusers who injected often pass out instantly,  
13 sometimes getting injured. The Nebraska doctor said he  
14 fell once and cut his chin open. He also started talking  
15 gibberish and didn't remember doing certain things."

16 Would that be your understanding of how  
17 Propofol would affect an abuser?

18 A. You would think that would be a very common  
19 presentation. But it's not 100 percent exclusive or  
20 definitive. But certainly you would think that would be  
21 a common scenario.

22 Q. Did you run across this article in  
23 Anesthesiology News, "Propofol Abuse Growing Problem for  
24 Anesthesiologists"?

25 A. I believe I have seen that article, yes.



# Exhibit 5

**(LODGED CONDITIONALLY UNDER SEAL)**

1 SAN DIEGO, CALIFORNIA

2 TUESDAY, OCTOBER 17, 2017

3 10:09 A.M.

4  
5 GEORGE SWEET,

6 having been duly administered an oath in accordance  
7 with Code of Civil Procedure Section 2094, was  
8 examined and testified as follows:

9  
10 EXAMINATION

11 BY MR. ADMIRE:

12 Q My name is Duane Admire, and we represent --  
13 or I represent the Plaintiff, Carla Jones, in this matter  
14 against Sharp, and Allison Goddard also represents the  
15 Plaintiff, Carla Jones, in this matter.

16 Let me begin by asking you: Have you ever  
17 had your deposition taken before?

18 A Yes.

19 Q How many times?

20 A This would be the sixth.

21 Q Okay. When was the last time you had your  
22 deposition taken?

23 A 2006.

24 Q What was that in relation to?

25 A Personal injury investigation that I was

1           left corner. There's the officer who took the report.

2           Q     Did you have any discussions with  
3           Spencer Franco about this?

4           A     Yes. I went to him first.

5           Q     Okay. How many times did you have  
6           discussions with Spencer about this?

7           A     That one time.

8           Q     Did you go to him after you reviewed this --  
9           his typewritten report?

10          A     Yes. I got the report from Raymond. I  
11          reviewed it, talked with Raymond, got my marching orders,  
12          and then the next thing I did was I went and talked to  
13          Franco.

14          Q     Now, at the time -- and was it the next day  
15          that you then talked with the three women, Jana Babcock,  
16          Linda Hamel, Sandy Twyman?

17          A     I think it was the same day.

18          Q     He says in his report here that Jana Babcock  
19          noticed the drugs had been missing from the cart since  
20          April of 2011. Is that the same understanding you got  
21          after talking with the three women?

22          A     Yes. They had told me that it was an  
23          ongoing problem.

24          Q     Okay. In fact, I think that it had gone  
25          back some years. Correct?

1                   A     Yes.

2                   Q     And later, you put next to the word -- you  
3     used the word "controlled." "None of the missing drugs  
4     were controlled." What did you mean by that?

5                   A     The Drug Enforcement Administration has a  
6     list of controlled substances. The hospital -- the  
7     hospitals in Sharp, obviously, are very concerned about  
8     what happens to those controlled substances. So the  
9     first -- one of the first questions I asked is, any of  
10    these drugs that are short, are they controls? And they  
11    said no. And I asked them specifically for each one, is  
12    why you see a "no" after each one.

13                  Q     So none of the missing drugs from these  
14    carts were controlled substances is your understanding.  
15    Correct?

16                  A     That was my understanding.

17                  Q     And be fair to say none of them were  
18    narcotics. Correct?

19                  MS. CHOW: May call for speculation.

20                  THE WITNESS: Well, they weren't controlled.  
21    I don't know about narcotics, whether something is  
22    narcotic or not. But according to the nurses, these were  
23    not controlled substances.

24    BY MR. ADMIRE:

25                  Q     Okay. At this point, did you understand,

1 after speaking with Spencer and reading his report, that  
2 they believed the drugs were going missing almost in an  
3 attempt to stock another surgery center?

4 A That did not come from Spencer.

5 Q Oh, who did that come from?

6 A That came from one of the nurses. I think  
7 it's in my report. They state that a doctor and his wife  
8 had opened a medical -- I guess it was a plastic surgery  
9 clinic. And then the nurse volunteered that the drugs  
10 that were missing could be used for that type of  
11 procedure.

12 Q Do you remember which of the nurses told you  
13 that? You can look at your report, too, if that helps  
14 refresh your recollection.

15 A I talked to both -- this is from my  
16 report -- Linda Hamel and Jana Babcock. And they're the  
17 ones that mentioned that these drugs were as if somebody  
18 was stocking a surgery center. Those were their words.

19 The one that they were very concerned about  
20 is named here. It's a paralytic. I'm not going to  
21 attempt to pronounce it. That was the biggest one they  
22 were concerned during that interview, because they said  
23 if somebody were to administer this drug, not knowing  
24 what they were doing, it could be fatal. They were  
25 concerned that there was a big safety issue.

1                   Q     Did they tell you which doctor they believed  
2     had opened a plastic surgery clinic?

3                   A     Bottom paragraph, first page: Hamel said  
4     that around June of 2008, Dr. Dorin had told the staff  
5     that he and his wife had opened an MD spa in Santee and  
6     was passing out fliers to the staff regarding this side  
7     business.

8                   Q     Okay. And then I see on the next page of  
9     your report, it mentions that Dr. Dorin was also the  
10    medical director of another surgery center?

11                  A     Surgery Plaza, which was just another  
12    surgery area within the Sharp complex.

13                  Q     And was that one owned by Sharp?

14                  A     Yes. It was just another surgery center on  
15    the campus of Grossmont Hospital.

16                  Q     But then it says here that he was removed  
17    from that position?

18                  A     That's what they told me, yes.

19                  Q     And the next sentence you have  
20    RiverView Spa, what is that in relation to?

21                  A     This was a brochure that Dr. Dorin had been  
22    handing out and it showed the name of the spa, address,  
23    phone number, and so forth. I went to fictitious name  
24    filings and found that the doctor and his wife had filed  
25    for the fictitious name, RiverView MD Spa.

1                   Q     On that flier that you had, did it state  
2     what type of procedures they offered at the  
3     RiverView Spa?

4                   A     Plastic surgery.

5                   Q     Did you ever go to, like, the  
6     RiverView Spa's website or anything to do any further  
7     investigation on that spa?

8                   A     I went to the website to get the address,  
9     and I mentioned it to Raymond. I said: He's even got a  
10    website. I did not put that in my report.

11                  Q     And on that website, did it say they did  
12    plastic surgeries as well?

13                  A     Corrective surgeries and augmentation.

14                  Q     Is that like breast augmentation?

15                  A     I guess, yeah.

16                  Q     And you let Mr. Albright know this as well?

17                  A     Yes. I kept him informed of everything.

18                  Q     Did you do any other investigation relating  
19    to the RiverView MD Spa?

20                  A     No.

21                  Q     Did you know what kind of doctor  
22    Adam Dorin's wife was?

23                  A     No.

24                  Q     And you're certain that the website and  
25    brochure that talk about the plastic surgery related to

1 name. What is that for?

2 A When we were going to be meeting again,  
3 11:00 a.m. on Friday, that was a good time for both of  
4 them.

5 Q Okay. And did you end up meeting with them  
6 at 11:00 a.m. on that Friday?

7 A Yes.

8 Q What happened at that meeting?

9 A We pretty much reviewed what they had talked  
10 about before. The first meeting, I was trying to follow  
11 up on the security report that I had been given by  
12 Franco. During that first meeting, I saw that this was a  
13 lot more involved than just a couple of drugs missing.  
14 So we set up another appointment to go back over and look  
15 at this even further and this is when we talked about  
16 inventory.

17 And this lady, Twyman, she was the nurse  
18 that actually stocked the carts. And then I thought her  
19 information was germane to the case, because she is the  
20 one that discovered the original loss. And she said  
21 there is a par inventory for this surgical cart. There  
22 should be so many of this and so many of that, and so  
23 forth. And she said that after a surgery, she went to  
24 the cart and saw that certain drugs were missing, which  
25 was corresponding to the type of procedure that was done,

1       and that made sense. But there was also some other drugs  
2       that were missing that had, according to her, had nothing  
3       to do with the procedure that the cart was involved in.  
4       And I said: Those are the things we've got to start  
5       documenting.

6                   Q     And who did you tell that to?

7                   A     Twyman.

8                   Q     Okay.

9                   A     She was actually the lady that did the  
10      inventory, but this was mentioned to her in front of  
11      Hamel, Babcock.

12                  Q     Now, I notice that she also mentioned -- or  
13      at least in your report you mention that Dr. Adam Dorin  
14      was the anesthesiologist for all three cases that were  
15      done that day.

16                  A     Yes.

17                  Q     Okay. And she just told you that, she knew  
18      that?

19                  A     Yes, it was on the paperwork. The  
20      anesthesiologist, it's listed who is the doctor, who is  
21      the scrub nurse, who are the people that participate in  
22      this procedure, and Dr. Dorin's name was listed as the  
23      anesthesiologist.

24                  Q     So at the time of this report on May 11,  
25      after you had interviewed them, is it fair to say that at

1 specifically Adam Dorin to see if he stole the drugs.

2 Correct?

3 A We wanted to find out if he was a player.

4 We hadn't gotten that far yet. But was he a person of  
5 interest and it appeared that he was.

6 Q And that's because he was on duty at the  
7 time that they went missing. Correct?

8 A Correct.

9 Q And also he was the director of this surgery  
10 center and the nurse told you that these drugs could be  
11 used in that type of a surgery center. Correct?

12 A Correct.

13 Q Was there any other reason other than that  
14 that you had targeted Adam Dorin?

15 A No.

16 Q Was there -- at that point was there any  
17 issue that the drug, Propofol, was more problematic as  
18 possibly somebody could abuse that as opposed to any of  
19 the other drugs?

20 A Quite frankly, they weren't concerned about  
21 Propofol. They were concerned about this other  
22 paralytic. They were very concerned about that, and they  
23 said that a number of times, if somebody uses this that  
24 doesn't know what they're doing, they could kill  
25 somebody.

1                   THE WITNESS: The way it works, if Howard  
2 was doing the case, there was no reason for me to know  
3 anything about it. I had my own cases to work. There  
4 was no reason for me to even find out what was going on.  
5 That was Howard's. Thank you. So I'll take care of my  
6 stuff.

7 BY MR. ADMIRE:

8                   Q     Fair enough.

9                   Well, I'll represent to you that was well in  
10 2013 when that happened, but it was my understanding that  
11 you were off that case --

12                  A     Oh, yeah.

13                  Q     -- and -- and only Howard was doing that  
14 investigation.

15                  A     Howard and Raymond.

16                  Q     Right.

17                  But up until that time, it's fair to say the  
18 issue of Propofol being abused as opposed to any of the  
19 other drugs was never brought up, it was never singled  
20 out, the Propofol?

21                  A     Correct.

22                  MS. CHOW: Hold on. What time frame are you  
23 referencing?

24                  MR. ADMIRE: Up until the time that Howard  
25 took over the investigation in 2013.

1           A     So that's always a concern. And then the  
2     concern primarily about this paralytic is that somebody  
3     uses that, the consequences aren't going to be pleasant.

4                 As far as specifically this doctor is under  
5     the influence, staggering around, no, that never came  
6     up.

7           Q     Right.

8                 But generally, the fact that none of these  
9     were even controlled substances that generally people  
10    used to get high on --

11          A     Yeah.

12          Q     -- that -- and it seemed that the drugs were  
13    the types of drugs to stock a surgery center, didn't that  
14    kind of put to rest this issue of patient -- immediate  
15    patient safety right now. Correct?

16                 MS. CHOW: Misstates his testimony.

17                 THE WITNESS: You're asking my opinion?

18          BY MR. ADMIRE:

19          Q     Yeah, your opinion at that time, yes.

20          A     Yeah.

21                 MS. CHOW: Wait. What are you answering  
22    "yes" to?

23                 MR. ADMIRE: To my question.

24                 MS. CHOW: What was your question?

25                 MR. ADMIRE: Teresa --

1       they still were very concerned about the paralytic. Even  
2       though that was not a controlled substances, the ultimate  
3       result of not using that properly would be death.

4                   So I can't say they weren't concerned  
5       anymore about safety. They were always concerned about  
6       safety, but not -- the type of -- because there's an  
7       employee staggering down the hall under the influence,  
8       that was not the type of safety they were concerned with.

9                   Q     Okay. And at that time of the initial  
10      report, they were not concerned or nobody brought up to  
11      you the issue that somebody could be abusing the  
12      Propofol. Correct?

13                  A     No.

14                  MS. GODDARD: Is that correct?

15                  BY MR. ADMIRE:

16                  Q     Yeah, is that correct?

17                  A     That is correct. No one came to me and said  
18      we're concerned they're getting high on Propofol.

19                  Q     And we talked -- in your report, which, I  
20      think, is Exhibit 43.

21                  A     This one?

22                  Q     Yes. You outline in your report three dates  
23      here, the May 9, May 10, and May 11 dates.

24                  A     Okay.

25                  Q     Were there any other dates that you had

1                   January 3rd and 4th, OR No. 2, at 6:53 p.m.  
2                   is when they closed it out.

3                   And then we have over on the right, weekend,  
4                   and then the same nurse on the 4th, that would have been  
5                   the same nurse who'd have done the cart.

6                   And then OR 2 and 3 was stocked on the 3rd.  
7                   And then 1 and 3 were stocked on the 4th.

8                   And I know Jana Babcock said the biggest  
9                   thing, she just wanted this to stop. She wanted the  
10                  drugs to be accounted for.

11                  Q     What did she mean by that?

12                  A     She wanted to get this over with, wanted to  
13                  stop losing drugs. We got to do whatever we got to do to  
14                  stop this from happening.

15                  Q     On that point, I don't want to stop you from  
16                  reading this, but did you ever have any discussions with  
17                  Mr. Albright about ways to stop the drugs from missing?

18                  A     Yes.

19                  Q     What were those?

20                  A     Talked about surveillance cameras.

21                  Q     Visible ones or hidden ones?

22                  A     Hidden ones. Covert camera to try to  
23                  determine who the bad guy was, who was taking this stuff.  
24                  We know how they were doing it. We just needed to find  
25                  out who was doing it.

1       camera would have been no use at all.

2       BY MR. ADMIRE:

3                   Q     So, by that reasoning, you wanted it to  
4     continue enough so you could at least see it on camera  
5     and catch the person. Correct?

6                   A     That was the plan.

7                   Q     Now, the reason we got into that  
8     conversation is this -- on your notes where it said:  
9     They just want it to stop. And I had mentioned to you,  
10    did you discuss ways with anybody, Raymond or anybody  
11    else, how to get it to stop and you talked about the  
12    covert cameras.

13                  Did you have any discussions of other ways  
14    to get it to stop with Raymond?

15                  A     Not with Raymond, no.

16                  Q     With anybody else?

17                  A     With Babcock and the department head.

18                  Q     Who was --

19                  A     They said they were going to have a meeting  
20    and just say we have some issues and there were some  
21    drugs missing and we need to be real careful. And they  
22    said this is what they were going to do. And I said:  
23    Well, you know, that's up to you, it's your department.  
24    I don't necessarily think it would be the best thing to  
25    do at this point, but if that's what you want to do, then

1           go ahead and do it.

2           Q     Why did you think it wouldn't be the best  
3       thing to do at that point?

4           A     Well, we had just talked before, we wanted  
5       the behavior to continue so we could catch who the bad  
6       guy was. So if we tell them that we were putting cameras  
7       up and, as you mentioned yourself, that obviously the  
8       behavior would stop then. So it would be useless.

9           Q     Other than them announcing that they've got  
10      the missing drugs and they might start a surveillance of  
11      hidden cameras to get it to stop, was there any other  
12      methods that was discussed prior to installing the  
13      cameras that would get the behavior to stop or the  
14      missing drugs?

15          A     None that I was involved in. I'm sure there  
16      was a lot of meetings. Believe me, there were a lot of  
17      meetings. I just didn't sit in on most of them.

18          Q     Would Ray have sat in on most of those?

19          A     Yes. And HR. They definitely would be in  
20      on all of those meetings.

21          Q     Do you know, was there ever any  
22      consideration prior to the cameras being installed that  
23      it would capture patient images on those cameras?

24          A     No. When we were talking about cameras,  
25      this is the beginning of the investigation. Now, I

1           that sort of thing. It's the staging area.

2                 If they're going to do a procedure -- I  
3           don't know, I'm not a doctor, but let's say they need  
4           five of these, four of these, six of these, twelve of  
5           these, those items would be in the operating theater at  
6           the time they begin. During the course of the procedure,  
7           they may need other things, and this staging area is  
8           where they would go to get those.

9                 Q      Okay. So is it fair to say at the time you  
10     were involved in the -- investigating the missing drugs,  
11     the issue of a patient obtaining a patient consent so  
12     that you can video never came up because there was no way  
13     that a patient was going to be in these videos. Correct?

14                 MS. CHOW: Calls for speculation.

15                 You can answer for yourself.

16                 THE WITNESS: Well, let me -- the way that  
17     Sharp runs the business, especially Human Resources, they  
18     pretty much rule Sharp HealthCare, Human Resources. And  
19     Human Resources had this thing about videotaping  
20     employees in the workplace. We had to prove to them  
21     there was a very definite need and we had to show the  
22     need before they would sign off on videotaping an  
23     employee.

24                 Videotaping a patient in a private area,  
25     they would never approve that. Never approve that.

1           HIPAA, patient confidentiality, all of those things.

2                         Before we could do anything, we had to get  
3           all these permissions and a lot of it had to do with  
4           making sure we weren't violating HIPAA.

5                         Q     So it's fair to say, then, your  
6           understanding of these cameras, they were never intended  
7           to --

8                         A     Camera. There was only one. At the time I  
9           was involved, we're only talking about a camera and a  
10          laptop.

11                        Q     Okay.

12                        A     We weren't talking about anything else.

13                        Q     At the time of your involvement with that  
14          camera, there was no discussion about consent of the  
15          patients to be videotaped in these rooms because it was  
16          your understanding that there was no way they would give  
17          approval for that and it would violate HIPAA?

18                        MS. CHOW: Calls for speculation.

19                        You can speak as to yourself.

20                        THE WITNESS: Speculating, yes.

21          BY MR. ADMIRE:

22                        Q     At what point did they decide to put more  
23          cameras in more operating rooms, from your memory?

24                        MS. CHOW: Calls for speculation.

25                        THE WITNESS: I was not involved with that.

1           Q     So you would have told Raymond and he would  
2     have looked at the video at that time?

3           A     Yes.

4           Q     Do you know how -- if he ever got back to  
5     you and said if he was able to see if Dorin or anybody  
6     else may have taken the drugs at that time after he  
7     looked at the video?

8           A     He never told me.

9           Q     But you're confident he would have reviewed  
10   the video at the time to determine if somebody was taking  
11   the drugs during the time of your notes here?

12          A     Yes.

13           MS. CHOW: Calls for speculation.

14           THE WITNESS: But knowing Raymond, he  
15     definitely would have looked at the video, yes.

16           BY MR. ADMIRE:

17          Q     Prior to installing the video camera that  
18     you discussed, did Sharp do any type of auditing to try  
19     to determine where the drugs went?

20          A     Not that I'm aware of. But there was a lot  
21     of things going on that I wasn't aware of.

22          Q     So you weren't aware of any internal audit  
23     prior to installing the cameras to determine where the  
24     drugs went?

25          A     No.

1       with permission on the badge to get into that room. So  
2       it's not like any employee could walk in. And it  
3       definitely precludes patients because they never had the  
4       card. They don't have the access. So even if the  
5       patient wanted to get into that room, they couldn't do  
6       it. They didn't have the card that they would scan that  
7       would unlock the door to let them in.

8                  Q       And this room, for your understanding, was  
9       where the drug carts were, where the missing drugs were  
10      being noticed by the nurses?

11                 A       Correct.

12                 MS. CHOW: Well, calls for speculation.  
13       Because he wasn't the one receiving the reports. He's  
14      already testified.

15      BY MR. ADMIRE:

16                 Q       Well, you guys weren't going to waste time  
17       putting a camera on a cart that didn't have missing drugs  
18       reported from it. Correct?

19                 A       Well, the involvement I had was a camera in  
20       the staging area for OR 1. That's the only one. They  
21       hadn't talked about 2 or 3 or anything else. We were  
22       just -- because this is the one that she kept saying a  
23       lot of drugs were missing from, the cart in OR 1. So  
24       that's the one we aimed at.

25                 Q       So you're not aware of any internal audit

1                   relating to missing Propofol prior to the cameras being  
2                   installed?

3                   MS. CHOW: Calls for speculation.

4                   THE WITNESS: I wasn't. I wouldn't have  
5                   been on the receiving end of those reports.

6                   BY MR. ADMIRE:

7                   Q        Okay. Did you -- were you able to tell  
8                   during your investigation if Adam Dorin -- and I think we  
9                   may have discussed this earlier -- if he was on duty  
10                  during that -- I suppose the question is: How were you  
11                  able to tell that?

12                  A        When I had the original meeting following up  
13                  on this security report, they had the documentation about  
14                  which employees were working in which OR for which  
15                  procedure. And on the day in question, the  
16                  anesthesiologist for each of the three procedures that  
17                  were done was the same person, Dr. Dorin.

18                  Q        Okay. Also in the declaration you signed,  
19                  you stated that none of the operations performed in  
20                  Operating Room 1 between when Operating 1 drug cart was  
21                  stocked and when it was discovered that certain drugs  
22                  were missing, required use of any of the allegedly  
23                  missing drugs. Correct?

24                  A        Correct.

25                  Q        How did you determine that?

1 MS. CHOW: He's not looking at me.

2 MR. ADMIRE: You're --

3 MS. GODDARD: You're about six inches from  
4 his face and I think it's inappropriate.

5 MS. CHOW: First of all, this is an  
6 appropriate distance. We are sitting in two chairs  
7 separate from one another.

8 THE WITNESS: I'm not uncomfortable.

9 MS. CHOW: I'm just looking to see what his  
10 answer is. And I don't think I've done anything  
11 inappropriate. I have not been coaching the witness. He  
12 wasn't even looking in my direction when you just pointed  
13 that out. He was looking at the court reporter.

14 MS. GODDARD: I understand.

15 (The following record was read:

16 Q. Prior to the time, though, that he took  
17 over, whatever exact date it was in 2013,  
18 the issue of Propofol being abused by some  
19 doctor had never come up. Correct?)

20 THE WITNESS: Not when I was involved in the  
21 conversations, no.

22 BY MR. ADMIRE:

23 Q Right.

24 In fact, the issue of Propofol being a  
25 dangerous drug at that time had never been discussed

1 didn't come to work. So there was no way I was aware of  
2 anything that was going on.

3 Q But that wasn't until 2014?

4 A '14, correct. But once -- when we're  
5 dealing with a case similar to this, we don't talk to a  
6 lot of other people about it. It's the principals. You  
7 talk to your boss and whoever your boss tells you to talk  
8 to. You don't just arbitrarily go and say, hey, you know  
9 what I'm doing today, I'm looking into this doctor who is  
10 a drug addict. You don't do that.

11 Q Let me ask you generally about the cameras.  
12 In the report, I believe this was by Mr. LaBore, there  
13 was a statement there were 28 cameras in the Women's  
14 Center designed to capture a person that would enter or  
15 leave the center for the protection of the newborns.

16 Is that your understanding of the purpose of  
17 those cameras in the Women's Center?

18 A Oh, yeah, absolutely. Infant tagging system  
19 was very important in the newborn section because babies  
20 get stolen. So there was quite an involved procedure on  
21 getting the proper people identified, who were able to go  
22 in to see the baby and so forth. And they had cameras in  
23 all the public areas, in other words, where people could  
24 go as a normal routine. There was no cameras in patient  
25 rooms, procedure rooms, no, none.

1           Q     And why weren't there any cameras in the  
2     patient rooms and labor and delivery rooms?

3           A     Why?

4           Q     Yeah.

5           A     I don't think it's something that you would  
6     want to have video. I mean, if a father wanted to video  
7     and mama said it was okay, that happened a lot. But  
8     having one in the ceiling or in -- no. No. You wouldn't  
9     do that.

10          Q     And that's because of HIPAA?

11          A     Of patient confidentiality, yeah.

12          Q     And that would hold true for inside the  
13     operating room during a procedure?

14          A     Absolutely.

15                 MS. CHOW: It calls for speculation. Expert  
16     opinion. It's an incomplete hypothetical.

17                 THE WITNESS: There's an exception to  
18     everything.

19                 BY MR. ADMIRE:

20          Q     Is there an exception to that?

21          A     Well, apparently there was because they put  
22     the cameras in there and then they found a way around it.  
23     And, again, it wouldn't have happened without a whole lot  
24     of people signing off on it.

25          Q     And do you know as you sit here today who

1       video. I was gone by then. I mean "gone," I was not  
2 involved with that case.

3 BY MR. ADMIRE:

4           Q     Did you ever have any discussions with  
5 Mr. Albright or Mr. LaBore where they told you the angle  
6 of the video made it difficult to tell what drugs were  
7 actually taken from the cart?

8           A     No. There was no reason for them to have  
9 that conversation with me. I wasn't involved with the  
10 case anymore.

11          Q     All right. We briefly discussed -- you  
12 talked about Ms. Tarbet having to sign off on this. And  
13 during Mr. Albright's deposition, he was asked about that  
14 as well. And I believe he confirmed that she did, in  
15 fact, sign off on it.

16           He was asked, basically, prior to the  
17 cameras being installed, was Ms. Tarbet's goal of the  
18 investigation to deter or to catch the thief? And  
19 Mr. Albright's response was: Obviously she wanted to  
20 catch -- in my opinion, she wanted to catch the person as  
21 opposed to stop it.

22          A     M-hm.

23          Q     And we talked about ways to stop it, like  
24 you had mentioned, possibly you announce it to everybody  
25 that there's going to be cameras and that would stop it.

1           Correct?

2           A       Right.

3           Q       And there's probably other ways that could  
4       have stopped it?

5           A       Announce a drug test. That came up.

6           Q       Okay.

7           A       It came up and was immediately thrown away.  
8       But, I mean, we're talking about different ways to come  
9       up with stopping this.

10          Q       Why was that part stopped, by announcing a  
11       drug test?

12              MS. CHOW: Calls for speculation.

13              THE WITNESS: Too much law involved there.

14          BY MR. ADMIRE:

15          Q       Okay. Do you know why Ms. Tarbet wanted to  
16       catch the person as opposed to just stop it?

17          A       I have no idea.

18              MS. CHOW: Calls for speculation.

19              THE WITNESS: I never talked with  
20       Michelle Tarbet.

21          BY MR. ADMIRE:

22          Q       About this?

23          A       About anything.

24          Q       Okay.

25          A       Never had a chance -- I met the lady a

1 (Ms. Goddard and Mr. Admire confer off the  
2 record)

3 BY MR. ADMIRE:

4 Q I'm going to show you a document that's  
5 previously marked as Sharp 09 through Sharp 27. And I  
6 just want to -- I'll represent to you that this appears  
7 to be Mr. LaBore's report of this incident.

8 | Have you ever seen this before?

9 A No.

10 Q Okay. On the third paragraph down, on 09,  
11 he states: Per Sweet's report, there was no written  
12 record of any missing drugs previous to May 2012, but  
13 both Hamel and Babcock say the losses go back a few  
14 years.

15 Is that accurate?

16                   A     Yes, I mentioned that in a report we  
17 reviewed earlier.

18 Q Okay. In the next page, on page 10, on the  
19 paragraph just above where it says "Investigation,"  
20 Mr. LaBore says: Based on Investigator Sweet's notes,  
21 Dr. Dorin was identified in several of the videos when  
22 the missing drugs were reported.

23 Is that accurate?

24 A NO.

25 Q What is inaccurate about that?

1                   A     No.

2                   MS. CHOW: Calls for speculation, legal  
3 conclusion.

4 BY MR. ADMIRE:

5                   Q     Do you know if the drug carts were locked at  
6 the time of the thefts?

7                   A     I don't know.

8                   MS. CHOW: Calls for speculation.

9 BY MR. ADMIRE:

10                  Q     Two sentences down, it states in the same  
11 paragraph: The drug carts are never locked because the  
12 anesthesiologists do not like to deal with a locked cart.

13                  Does that refresh your recollection if they  
14 told you whether the carts were locked or unlocked?

15                  A     No. Never came up with my involvement with  
16 the case.

17                  Q     And, again, he states there: There are no  
18 narcotics or controlled substances stored in these drug  
19 carts.

20                  That's accurate to your recollection?

21                  A     According to the information I got from the  
22 nurses when I first looked into this, that none of these  
23 were controlled substances.

24                  Q     Okay. And he used the word "narcotics"  
25 there. None of them were narcotics either. Correct?

1                   A     Right.

2                   MS. CHOW:   Calls for speculation.  Expert  
3                   opinion.

4                   BY MR. ADMIRE:

5                   Q     Between the time that you did your initial  
6                   report of the missing drugs in May of 2012 and the time  
7                   the cameras were installed, which seemed to be sometime  
8                   in July of 2012, what type of steps did you, as the  
9                   investigator of this, take to determine what was the  
10                  cause of the missing drugs?

11                  A     What steps did I take to determine what was  
12                  the cause of the missing drugs?

13                  Q     I suppose to answer this a better way:  Did  
14                  you do anything to try to determine, other than what  
15                  we've discussed, looking at Dr. Dorin's website, but did  
16                  you do anything to investigate the matter other than you  
17                  guys started talking about let's install these video  
18                  cameras, and I think you told the people not to announce  
19                  it, you know, that was the discussion, that you wouldn't  
20                  announce it because of what we had discussed, but other  
21                  than the idea that, hey, let's install these secret video  
22                  cameras from the time of May 2012 that you got your  
23                  initial report and the time the cameras were installed,  
24                  did you do any other investigation to try to determine  
25                  who was stealing these drugs?

1                   A     Sure.

2                   MS. CHOW: Same objections.

3                   THE WITNESS: If this was a camera in a  
4     public area like in a lobby and it showed patients'  
5     faces, there's no problem with that.

6     BY MR. ADMIRE:

7                   Q     Okay. I may have asked this already; I  
8     think I did. You're not aware of any internal audit that  
9     Sharp did prior to July of 2012 to determine where the  
10   Propofol went?

11                  A     I'm not aware of that.

12                  Is there a restroom nearby?

13                  MR. ADMIRE: Let's take a five-minute break.

14                  (Off the record at 12:37 p.m.)

15                  (Recess)

16                  (On the record at 12:59 p.m.)

17     BY MR. ADMIRE:

18                  Q     I wanted to ask you, go back and ask you, in  
19     relation to this document that's Sharp 1375 through 1379,  
20     and I know previously you said you had never seen that  
21     before, but it seems to have dates on there and show --  
22     and it's entitled Missing Drugs from the Anesthesiologist  
23     Carts.

24                  Do you believe that's something that  
25     Howard LaBore would have created?



# Exhibit 6

**(LODGED CONDITIONALLY UNDER SEAL)**



Transcript of the Testimony of:

**Linda Hamel**

Jones

v.

Sharp Healthcare

October 31, 2017

Volume I

1 SUPERIOR COURT OF THE STATE OF CALIFORNIA  
2 COUNTY OF SAN DIEGO - CENTRAL DIVISION  
3  
4 CARLA JONES, on behalf of )  
themselves and all others )  
similarly situated, )  
5 Plaintiffs, ) Case No.  
6 ) 37-2017-  
7 -vs- ) 00001377-  
8 ) CU-NP-CTL  
9 SHARP HEALTHCARE, a California )  
Corporation; GROSMONT HOSPITAL )  
CORPORATION dba SHARP GROSMONT )  
HOSPITAL, a California Corporation )  
and DOES 1-100, inclusive, )  
10 Defendants. )  
11 )  
12

13 DEPOSITION OF LINDA HAMEL  
14 TUESDAY, OCTOBER 31, 2017  
15 10:07 A.M.  
16 501 WEST BROADWAY, SUITE 1000  
17 SAN DIEGO, CALIFORNIA  
18  
19  
20  
21

22 REPORTED BY:  
23 DEBERA ANNE DORAN  
24 CSR NO. 7821  
25

1           A     Train you to those other areas. So I  
2     started out in the recovery room. I was interested in  
3     training to labor and delivery. So they did that. Also  
4     into the operating room in obstetrical and GYN. So they  
5     trained me into that also.

6           Q     What years would that have been that you  
7     were doing that?

8           A     This was from probably late 1986 on.

9           Q     On until when?

10          A     Until I took the supervisor position.

11          Q     When did you take the supervisor position?

12          A     That was in April of 2011.

13          Q     What was that position?

14          A     It was -- at that point I was in the -- just  
15     the operating room and recovery room. And so that's what  
16     I was supervisor of, the women's operating room and  
17     recovery room.

18          Q     What did that job entail?

19          A     It entailed having 24/7 responsibility of  
20     that particular unit, doing staffing, setting up  
21     education orientation, a lot of administrative meetings,  
22     keeping track of regulatory issues for an operating room,  
23     filling in clinically if we were short staffed, being in  
24     charge and running the unit.

25          Q     How long did you have that position?

1                   A     I had that position almost three-and-a-half  
2     years.

3                   Q     So from 2011 until?

4                   A     2014.

5                   Q     Okay. I'll come back and talk about that.

6     But then you went to Sharp Mary Birch?

7                   A     Correct.

8                   Q     What was the reason for that?

9                   A     I stepped down from the supervisor position  
10   and went back into a staff position and wanted to  
11   transfer out of my unit and over to Mary Birch because  
12   it's much larger with a bigger volume, and I wanted to  
13   learn more operating room skills.

14                  Q     And how long did you do that?

15                  A     I was only there for three months.

16                  Q     Why did you leave there?

17                  A     During that period of time, my mom had  
18   open-heart surgery and had a stroke during surgery and  
19   was -- had a lot of difficulty caring for herself. And I  
20   wasn't able to meet their on-call requirements. So the  
21   on-call requirements at Grossmont, in the same unit that  
22   I was from, were much less. And so I felt it would  
23   probably be best for myself and for Mary Birch. It  
24   wouldn't be fair to them to be constantly taking off.

25                  Q     So you basically transferred back to

1           A     No.

2           Q     What about stocking of the anesthesia carts,  
3     were you responsible for overseeing that?

4           A     Yes.

5           Q     And is that just the carts that are in the  
6     operating room or the labor-and-delivery rooms as well?

7           A     I was responsible only for the operating  
8     room.

9           Q     And what were your responsibilities in  
10    relation to stocking those carts?

11          A     While I was the supervisor?

12          Q     Yes.

13          A     I was responsible for just making sure that  
14    it was done on a daily basis.

15          Q     How did you do that?

16                MR. PEARSON: I object as vague as to time.

17    BY MR. ADMIRE:

18          Q     Let me clarify that. You were the  
19    supervisor, then, from about 2011 through 2014. Correct?

20          A     Yes.

21          Q     Okay. And so during that time is the time  
22    we're talking about when you were making sure that the  
23    carts were stocked on a daily basis. So my question is:  
24    How did you make sure they were stocked? I mean, did you  
25    call the pharmacy? Did you tell the nurse to go do it?

1           Or how did you physically do that?

2           A       The nurses knew that that was part of their  
3       job. So I really didn't have to tell them on a daily  
4       basis. I was able to trust that they would do it.  
5       Because they knew what their job was.

6           Q       Was there ever a time when it wasn't done,  
7       where you had to step in and do something to make sure it  
8       was done?

9           A       Yes.

10          Q       How many times did that happen?

11          A       I wouldn't be able to tell you that.

12          Q       Can you give me an estimate? Like under 10  
13       times or over 10 times?

14          A       During that entire period?

15          Q       Yeah, during the time you were the  
16       supervisor between 2011 and 2014.

17          A       Oh, probably under 10 times.

18          Q       Would you say under five times that that  
19       happened?

20          A       I would say between five and 10 times.

21          Q       Okay. On those times, what did you do?  
22       Describe those times to me.

23          A       I would say: Hey, did you guys have a  
24       chance to stock the carts? Because Dr. So-and-so said  
25       they're a little low.

1 contain Propofol. I believe that's a controlled  
2 substance. I'm not sure what level it is. But I don't  
3 know that for sure.

4 Q Did the Pyxis machines contain narcotics?

5 A Yes.

6 Q So if a doctor in the operating room wanted  
7 to use narcotics, he would have to go outside the  
8 operating room and go to the Pyxis machine to obtain the  
9 narcotics?

10 A That was one way to do it.

11 Q What was the other way?

12 A Or ask the circulating nurse to do that for  
13 him.

14 Q Who had access to these anesthesia carts  
15 that were in the operating room? Rooms, plural.

16 MR. PEARSON: Duane, are we limiting it to  
17 2011 to 2014?

18 MR. ADMIRE: Yes.

19 MR. PEARSON: From here on, unless he tells  
20 you otherwise, we're limiting it to 2011 to 2014.

21 THE WITNESS: Okay. Ask me that again,  
22 please.

23 BY MR. ADMIRE:

24 Q Who had access to the anesthesia carts  
25 during this period of time?

1                   A     Anyone who was in the unit could have  
2 access.

3                   Q     Were they locked when the units were not  
4 being used?

5                   A     No.

6                   Q     Did they have the ability to be locked?

7                   A     Yes.

8                   Q     Why were they not locked?

9                   MR. PEARSON: Objection. Calls for  
10 speculation.

11                  If you know, you can answer.

12                  THE WITNESS: I'm going to say that there  
13 were a couple of reasons. One is that the nurses just  
14 didn't routinely lock them. But part of that reasoning  
15 was because the anesthesiologists did not want them  
16 locked in case of an emergency.

17 BY MR. ADMIRE:

18                  Q     Did the anesthesiologists not have a key  
19 then?

20                  A     No. There weren't multiple keys.

21                  Q     During your time in that supervisory  
22 position between 2011 and 2014, did you ever have any  
23 discussions with anybody else about locking the  
24 anesthesia carts?

25                  MR. PEARSON: I object as to "anybody else."

1           anesthesiologists to the carts in case of emergency. So  
2           what made you believe you were supposed to be locking  
3           them when the operating rooms are not in use?

4           A      I believe that's a regulatory issue, having  
5           drugs locked up.

6           Q      Is that a Sharp regulation or is that like a  
7           HIPAA regulation or some other regulation?

8           A      Some other regulation.

9           Q      Okay. So it was your understanding as well  
10          as Sharon's and Lilly's that, generally, there's a  
11          regulation for hospitals to lock their anesthesia carts  
12          in the operating room when they're not in use?

13          A      Correct.

14          Q      And then when you said initially there was  
15          no change, why was there no change after discussions  
16          about supposed to be locking them?

17                 MR. PEARSON: Objection. Calls for  
18          speculation.

19                 You can answer.

20                 THE WITNESS: Because the anesthesiologists  
21          were against locking the carts due to emergency  
22          situations.

23          BY MR. ADMIRE:

24          Q      How long does it take to open a cart if it's  
25          locked?

1           were unlocked. Is that fair to say?

2           A     That that was in the report? Yes.

3           Q     Is it fair to say that that actually  
4           occurred?

5           A     I believe that was the general consensus at  
6           the time. It's been so long that I can't answer that a  
7           hundred percent.

8           Q     Did you ever witness any anesthesiologist or  
9           medical personnel coming over from the main hospital and  
10          borrowing drugs from those carts in the three operating  
11          rooms in the Women's Center?

12          A     No.

13          Q     So when you say you believe that was the  
14          main consensus that that occurred at the time, how did  
15          you hear about that?

16          A     There was concern that -- because the  
17          main -- because people were able to go back and forth,  
18          staff and anesthesiologists, from the operating rooms,  
19          that was one of the comments that was made by staff as a  
20          possibility.

21          Q     As a reason for the missing drugs?

22          A     Correct.

23          Q     Has anything else changed to this day in  
24          relation to those three drug carts? Are they still kept  
25          unlocked or locked?

1 A They're Pyxis machines now.

2 Q Is that because of a result of the missing

3 drugs?

4 MR. PEARSON: Objection. Lacks foundation.

5 Calls for speculation.

6 If you know.

7 THE WITNESS: I don't know.

8 BY MR. ADMIRE:

9 Q When were the Pyxis machines installed?

10 A Probably 2013 or '14. I believe it was

11 while I was supervisor.

12 Q After they changed those carts to Pyxis

13 machines, did they have trouble with missing drugs out of

14 them?

15 A I wouldn't know that because we don't do an

16 inventory or stock those carts any longer.

17 Q Have you heard any reports that they're

18 still missing drugs out of them or not?

19 A I have not.

20 Q Back when you had discussions with your two

21 supervisors about possibly locking those carts, was there

22 ever discussions about -- at that time about putting in

23 Pyxis machines in those three operating rooms?

24 A I believe that that was brought up.

25 Q Do you know why that wasn't done?

1           Mr. Sweet about it? Do you recall?

2           A     I do not recall.

3           Q     Well, at any rate, this report says  
4     that somebody in security met with the supervisor, Linda  
5     Hamel, regarding the theft. Do you recall generally  
6     meeting with somebody about the missing drugs?

7           A     Yes.

8           Q     And do you recall telling them that they  
9     have been missing an assortment of drugs over the past  
10    few months?

11          A     Yes.

12          Q     And further down, it states that -- he says:  
13    Upon further speaking with Linda, she informed me that  
14    employee Jana Babcock had noticed that drugs had been  
15    missing from the cart since April 2011 and employee Sandy  
16    Twyman stating that drugs had been missing for about  
17    three months.

18                 And is it fair to say that you understood  
19    that the drugs had basically been missing since 2011?

20          A     Yes, it's fair to say.

21          Q     And the reason you decided to report this is  
22    that, it says here, that more than normal or the usual  
23    amount of drugs missing -- were noticed missing, and so  
24    that's why you decided to report it?

25          A     No, that's not why.

1           arranged for them to interview me. Talk with me.

2           Q     Let me show you a document that has been  
3         previously marked Sharp 1378 and ask you if you recognize  
4         anything on that document?

5           A     I've never seen that document.

6           Q     Okay. You don't recognize any of the  
7         handwriting?

8                   MR. PEARSON: Do you recognize any of the  
9         handwriting?

10                  THE WITNESS: No.

11                  BY MR. ADMIRE:

12                  Q     Do you recognize what it's referring to by  
13         reading some of the words that are on it?

14                  A     Yes.

15                  Q     What is that?

16                  A     It appears to be specific dates and rooms  
17         and missing drugs and when the rooms were stocked.

18                  Q     Do you see where it says "just want it to  
19         stop"?

20                  A     Yes.

21                  Q     Do you know what that is referring to?

22                  A     No.

23                  Q     Is it fair to say that at some point you  
24         told security that the goal of notifying them was that  
25         you wanted the missing drugs to stop going missing?

1                   A    That's fair.

2                   Q    So it's possible that they -- that that's a  
3 note from an interview with you by one of the security  
4 personnel?

5                   MR. PEARSON: Objection. Calls for  
6 speculation. Lacks foundation.

7                   THE WITNESS: I don't know if it was an  
8 interview with me or one of the other nurses.

9 BY MR. ADMIRE:

10                  Q    But your position at the time was you wanted  
11 the missing drugs to just stop going missing. Correct?

12                  A    Yes.

13                  Q    Okay. Now, on at that same page on Sharp  
14 004 -- or just Sharp 4, I guess, it says that -- in about  
15 the -- I don't know which sentence it is -- but it says  
16 after one of the comments: But today she noticed a lot  
17 more than usual were missing and not the usual drugs, the  
18 main OR borrows.

19                  What did you mean by that?

20                  MR. PEARSON: Objection. Assumes facts not  
21 in evidence. Calls for speculation.

22                  Go ahead.

23                  THE WITNESS: I don't recall.

24 BY MR. ADMIRE:

25                  Q    But we talked earlier about your

1 understanding people from the main ORs do come over and  
2 borrow drugs from these three carts in the Women's  
3 Center. Correct?

4 A Correct.

5 Q And here it looks like, whoever took this  
6 report -- and I believe it was Mr. Franco -- stated that,  
7 after speaking with you, that one of the reasons for the  
8 report was that more drugs were missing than usual than  
9 what the main ORs would borrow. Does that refresh your  
10 memory that -- I mean, could you have told him that?

11 A Yes, I could have.

12 Q And by that, you meant just you guys were  
13 aware that part of the missing drugs from these carts  
14 were because people from the main ORs generally come over  
15 and use them because they're the only unlocked carts in  
16 the hospital. Correct?

17 MR. PEARSON: Objection. Misstates  
18 testimony. Assumes facts not in evidence.

19 You can answer.

20 THE WITNESS: I don't know if their carts  
21 were locked in the main OR.

22 BY MR. ADMIRE:

23 Q But you did know that sometimes they would  
24 come over and borrow drugs from the Women's Center?

25 A Sometimes.

1       four paragraphs down where it starts with your name,  
2       Linda Hamel --

3           A     Yes.

4           Q     -- on the paragraph below that, it says: On  
5       Friday, May 11, 2012, I interviewed both Linda Hamel and  
6       Jana Babcock at the Women's Center. They agreed that the  
7       drugs taken were as if someone was stocking a surgery  
8       center.

9                   Is that your recollection of what you recall  
10      at that time?

11           A     I recall having that conversation.

12           Q     Why did you believe it was somebody that  
13      might be stocking a surgery center?

14           A     The drugs that were missing were drugs used  
15      in surgery.

16           Q     Was it also just the amount and variety of  
17      different drugs that were missing?

18           A     Yes.

19           Q     Now, it says here that they said -- meaning,  
20      I suppose, you and Jana -- said: There was no street  
21      value for the drugs and that special knowledge was  
22      required to administer them.

23                   What did you mean that there was no street  
24      value for the drugs?

25                   MR. PEARSON: Objection. Assumes facts not

1                   THE WITNESS: I don't recall why I  
2 specifically pointed that drug out.

3 BY MR. ADMIRE:

4                   Q Now, the next paragraph down, it says:  
5 Hamel said that, around June 2008, Dr. Dorin had told the  
6 staff that he and his wife had opened an M.D. spa in  
7 Santee and was passing out fliers to the staff regarding  
8 this side business.

9                   Did you mention that to the security  
10 because, in your view, what was taken appeared to be  
11 something that would be stocking another surgery center?

12                  MR. PEARSON: Objection. Lacks foundation.  
13 Assumes facts not in evidence.

14                  You can answer.

15                  THE WITNESS: I thought it could be relevant  
16 for that reason.

17 BY MR. ADMIRE:

18                  Q And no other reason that you mentioned that?  
19 I mean, you didn't have any personal animosity towards  
20 Dr. Dorin, did you?

21                  A No.

22                  Q And you didn't believe he was a drug user at  
23 that time, did you?

24                  A No.

25                  Q Now, the next paragraph on Sharp 6 states:

1 and I think it's Sharon Dorin -- are listed as directors.

2 Did you ever meet Sharon Dorin?

3 A No.

4 Q Do you have an understanding, is she a  
5 medical doctor?

6 A I think she's a dentist.

7 Q How did you come to that understanding?

8 A I remember multiple nurses having  
9 conversations with him when he was passing out the fliers  
10 and talking about the spa that he was going to be opening  
11 up.

12 Q In that type of spa, do you know what type  
13 of procedures they were doing?

14 A I believe they were cosmetic-type  
15 procedures.

16 Q So cosmetic surgery, and the type of drugs  
17 that would be missing would likely be used for those  
18 types of surgeries as well?

19 A They could be.

20 Q And the next sentence down says: There was  
21 no written record of any of the missing drugs prior to  
22 May of 2012, but both Hamel and Babcock say the losses go  
23 back a few years.

24 Is that statement accurate?

25 A Yes.

1 Q And what would you do with it?

2 A I would compare that against any cases that  
3 were done the night -- overnight, and in each particular  
4 room, and what kind of cases they were, and look at their  
5 anesthesia records.

6 Q And was that kind of an exact way to do it  
7 or was that more of an estimate?

8 MR. PEARSON: Objection. Vague.

9 BY MR. ADMIRE:

10 Q To tell what was missing after that?

11 A It wasn't an estimate.

12 Q Let me ask you this: On the vials -- for  
13 instance, the Propofol -- is one vial generally a dose  
14 for one patient that would be used for one patient and  
15 another vial for the next patient?

16 A Yes.

17 Q Is that true with the Zofran too?

18 A You can use more than one vial of Zofran on  
19 a patient.

20 Q So you would take these notes and give them  
21 immediately to Linda every time you would receive them  
22 from missing drugs or you would keep them for about a  
23 week and then give them to her?

24 A I believe I kept them for about a week.

25 Q Would you give her the exact documents that

1           the nurses gave you or did you transfer and put it in an  
2        email format?

3           A      I gave her the documents.

4           Q      Did you ever keep track of the missing drugs  
5        on a computer?

6           A      No.

7           Q      Let me show you what has been previously  
8        marked as Sharp 1379. Ask you if recall seeing that  
9        document?

10          MR. PEARSON: Take your time.

11          THE WITNESS: I believe that I do recall  
12        that.

13          BY MR. ADMIRE:

14          Q      And what is that document?

15          A      It's an email from Jana to myself on her  
16        tallying of the drugs.

17          Q      What date was that email?

18          A      January 4, 2013.

19          Q      And how long of a period of time was her  
20        tally of the missing drugs from that email? Was that  
21        just one night?

22          A      It looks like it was from one day to the  
23        other, just one day, a 24-hour period.

24          Q      Now, going back to Sharp number 9, where you  
25        see that -- sorry, before I ask that.

1                   somebody could be stocking a surgery center?

2                   A     It was possible.

3                   Q     Did you have any other thoughts at that  
4 time?

5                   A     I didn't know what to think.

6                   Q     Did you have any reason to believe at that  
7 time that somebody could be abusing any of these drugs?

8                   A     No.

9                   Q     So it's fair to say, at that time at least,  
10 in -- up until September of 2012, you didn't have any  
11 reason to believe that any of the Sharp's patients  
12 were -- their safety was in jeopardy due to these missing  
13 drugs?

14                  MR. PEARSON: Objection. Misstates  
15 testimony. Assumes facts not in evidence.

16                  THE WITNESS: I can't relate -- necessarily  
17 exclude missing drugs from patient's safety.

18 BY MR. ADMIRE:

19                  Q     So -- but my question is: At this time, did  
20 you have any reason to believe that the patient's safety  
21 could be at risk due to this -- the amount of missing  
22 drugs that you had discovered in this four-month period?

23                  A     No.

24                  Q     At some point thereafter, there was an  
25 incident where it was believed that possibly a physician

1 was using these drugs to inject himself. Correct?

2 MR. PEARSON: Objection. Lacks foundation.

### 3 Calls for speculation.

4 THE WITNESS: Yes.

5 BY MR. ADMIRE:

6 Q And at that time your opinion might change  
7 that maybe then it could be more of a patient safety if a  
8 physician is using these drugs, injecting himself.  
9 Correct?

10 A      Correct.

11 Q And that happened sometime in early 2013  
12 when Dr. Dorin was seen stumbling down a hall and dropped  
13 a syringe and a cap, which was believed to be Propofol at  
14 that time. Correct?

15 A Yes.

16 Q If you turn to Sharp 12, if you go about  
17 three paragraphs down where you see your name, Hamel, it  
18 says: Hamel said they have three operating rooms and two  
19 labor-and-delivery rooms at the Women's Center.

20 Is the reason you mention the  
21 labor-and-delivery rooms because those rooms also had  
22 anesthesia carts in them?

A That sentence is incorrect.

24 Q Okay. Why is that incorrect?

25 A Because there were more than two

1 carts out on labor and delivery.

2 MR. ADMIRE: All right. Would you like to  
3 break for lunch or just take a break and keep going? But  
4 I've got to go down and feed the meter.

5 MR. PEARSON: I think the court reporter  
6 would probably appreciate a lunch break.

7 (Off the record at 11:41 a.m.)

8 (Recess)

9 (On the record at 12:07 p.m.)

10 BY MR. ADMIRE:

11 Q I'm going to hand you what has been Bates  
12 stamped 1375 through 1377. I believe I only have one  
13 copy of it, and I'll let you and your attorney share  
14 that. This purports to be a summary of the missing drugs  
15 that were reported, I suppose, through you, through your  
16 supervisors, back to security for certain dates. Does  
17 that generally look accurate to what your recollection  
18 is?

19 A Yes.

20 MR. PEARSON: Take a look at it.

21 BY MR. ADMIRE:

22 Q Let me show you this document, which has  
23 been Bates stamped Sharp 82. And this also, I think, was  
24 in that -- well, it wasn't in what you reviewed, but it  
25 was in the end of that summary. I don't believe you

1       reviewed this yesterday. But it was notes from  
2       Mr. LaBore. And if you can see there, from May 14, 2012,  
3       through 9/14/2012, he documents and totals up the number  
4       of drugs that were reported missing. And it looks like  
5       he got them from the previous sheets I handed you. Does  
6       that look like those are accurate?

7           A     Yes.

8           Q     Okay. So from May 14, 2012 through  
9       September 14, 2012, a four-month period, it looks like  
10      the total number of Zofran that went missing were 15  
11      vials.

12          A     According to this, yes.

13          Q     And that's generally your recollection of  
14      what you reported. You don't have any reason to believe  
15      that this is wrong?

16          A     Correct.

17          Q     And one epinephrine. Correct?

18          A     Yes.

19          Q     And three Lidocaine?

20          A     Actually, it's ephedrine.

21          Q     Thank you.

22               When you go down this list here on Sharp 82,  
23      looks like the number-one missing drug was actually  
24      Zofran, 15 vials. And the number-two missing drug was  
25      Toradol, 10 vials. Correct?

1                   A     Correct.

2                   Q     And then four of the other drugs have four

3     vials missing each, which was the -- I'm going to let you

4     pronounce the first one with an S. What is that?

5                   A     Succinylcholine.

6                   Q     Okay, had four missing vials and spinal

7     Marcaine had four missing vials as well?

8                   A     Yes.

9                   Q     And Propofol had four missing vials. Is

10   that correct?

11                  A     Yes.

12                  Q     And I apologize for doing this, and I

13   promise you I wasn't trying to trick you earlier. But I

14   will show you one more marked as Sharp 102 and ask you if

15   you've seen this.

16                  A     (No response)

17                  Q     Does that refresh your recollection that

18   maybe you sent an email about the missing drugs to your

19   supervisor?

20                  A     It does.

21                  Q     And what is this document?

22                  A     It's just an accounting of what at least one

23   of the nurses told me about the missing Toradol vials in

24   our operating room three.

25                  Q     What is Toradol?

1 BY MR. ADMIRE:

2 Q Because your email says the Toradol missing  
3 was on the 14th and 15th. Correct? Of --

4 A 13th, overnight to the 14th.

5 Q Okay. And his summary seems to go up to the  
6 14th. So it likely included that number of Toradol -- or  
7 worst case scenario, there were actually 16 missing  
8 bottles of Toradol instead of just 10. But it was one of  
9 those. Correct? Do you recall which one of those it  
10 was?

11 A I don't recall.

12 Q Okay. Suffice it to say that, by the time  
13 of September 14, it was either a total of 10, if he was  
14 counting those six from your email, or it would be a  
15 total of 16 missing. Correct?

16 MR. PEARSON: Objection. Calls for  
17 speculation.

18 THE WITNESS: I would say that's accurate.

19 BY MR. ADMIRE:

20 Q Now, at this time up until September 14 of  
21 2012, Propofol was not singled out as a drug that may be  
22 abused or used -- being abused by one of the medical  
23 staff at this point. Correct? It was just kind of all  
24 the drugs, generally, were missing.

25 A Correct.

1           Q     And it wasn't until Dr. Dorin was found --  
2 or seen stumbling down the hall that the issue of  
3 Propofol became more of a -- singled out as an important  
4 drug that could be missing. Correct?

5           MR. PEARSON: Objection. Calls for  
6 speculation. Lacks foundation.

7           THE WITNESS: I don't know the time frame on  
8 that.

9 BY MR. ADMIRE:

10          Q     But certainly up until September 14 of 2012,  
11 Propofol hadn't been singled out as a problem missing;  
12 and, in fact, in this five-month period, there were only  
13 four vials of Propofol total reported missing. Correct?

14          A     Correct.

15          Q     And it would be accurate to say up until  
16 that time, up until September 14, 2012, Propofol wasn't  
17 thought of as a drug that could be abused by one of the  
18 staff members or used wrongfully any more than any of the  
19 other drugs that might be missing. Correct?

20          A     Correct.

21          Q     And as we just pointed out, in fact, there  
22 were many more of the other drugs missing, like Zofran  
23 and Toradol, than there was Propofol missing. Correct?

24          A     Correct.

25          MR. PEARSON: Could we go off the record for

1                   MR. PEARSON: Objection. Lacks foundation.

2                   Calls for speculation.

3                   THE WITNESS: Can you ask me that again?

4                   I'm sorry.

5                   BY MR. ADMIRE:

6                   Q     Yeah, on March 7 of 2013, would you have  
7                   told Mr. LaBore that you could not tell how many drugs or  
8                   what kind were missing due to control issues?

9                   A     Yes, I could have said that.

10                  Q     What would you have meant by that?

11                  A     That, at that point, we thought there might  
12                  be an issue of missing drugs, but we had not done any  
13                  kind of accounting on what drugs those were. There was  
14                  no specific level to which those drugs were stocked every  
15                  day.

16                  Q     So at that point up to -- let me ask you  
17                  this.

18                  Prior to -- let's use this date from the  
19                  other drug with that summary -- September 14 of 2012,  
20                  were you aware of any internal audit that Sharp conducted  
21                  to try to determine where the missing Propofol went?

22                  MR. PEARSON: I object. Vague as to  
23                  "internal audit."

24                  If you understand, you can answer.

25                  THE WITNESS: No.

1           talked to you. Does that sound accurate?

2           A      Yes.

3           Q      So this is a case where Mr. LaBore would  
4           watch the video clips to try to find where he would see  
5           Dr. Dorin possibly removing drugs, and then check back  
6           with you to see, are those the dates he was supposed to  
7           be working, and, you know, did he use drugs on patients  
8           that day. Was that the purpose of it?

9           MR. PEARSON: Objection. Lacks foundation.  
10           Calls for speculation.

11           If you know.

12           THE WITNESS: Correct.

13           BY MR. ADMIRE:

14           Q      And then the last sentence on that page  
15           before the box, it says: Hamel provided me with  
16           Dr. Dorin's work schedule on specific days that I  
17           requested.

18           Do you recall doing that?

19           A      Yes.

20           Q      So at this point, your understanding was  
21           that Mr. LaBore would just watch the videos until he saw  
22           Dorin take something and then come to you and say, hey,  
23           what was he supposed to use and how much on this day,  
24           because I see him taking drugs out; and then you guys  
25           would try to reconcile to see if any was missing that

1 that occurred at Sharp in 2008?

2 A NO.

3 Q Let me show you this.

4 MR. PEARSON: Let me take a look at it  
5 first.

6 MR. ADMIRE: Let's mark this as an exhibit.

7 We'll mark this as Exhibit 62.

8 (Exhibit No. 62 marked)

9 BY MR. ADMIRE:

10 Q Did you ever read this story that, I  
11 believe, appeared in iNews source after the -- I guess  
12 after May of 2016?

13 A Say that again?

14 Q Do you recall reading or seeing this story?

15 A Yes, I do.

16 Q On page 2 of Exhibit 62, in the middle of  
17 the page, there is a highlighted section there, and it  
18 says: Another Grossmont anesthesiologist, Dr. David  
19 Diehl, told a medical executive committee on April 10,  
20 2013, that the removal of drugs probably wasn't theft.  
21 Anesthesia carts are unlocked and physicians often take  
22 one to three vials for emergencies. These are  
23 life-and-death situations.

When you read that, did that strike you as  
accurate?

1                   A     Yes.

2                   Q     And then on the next page -- or two pages  
3                   back, the third-to-the-last page, there is another  
4                   highlighted section, where the article states: Diehl  
5                   said the story is not about drug diversion. And then, in  
6                   parentheses, medical personnel taking medications  
7                   intended for patients for personal use or gain, close  
8                   parentheses, the real story was that Michelle Tarbet,  
9                   Grossmont's former senior vice president and CEO, who is  
10                  now deceased, had a vendetta against Dorin. When she  
11                  found out he was taking the drugs, she used that against  
12                  him to get rid of him. She went to great lengths to do  
13                  that.

14                  Are you aware of any vendetta that Michelle  
15                  Tarbet may have had against Dr. Dorin?

16                  A     No.

17                  Q     Do you have any reason to believe that what  
18                  Dr. Diehl says there is false?

19                  A     I don't really have an opinion about it.

20                  Q     Did you ever see this May 16, 2016 open  
21                  letter to the public written by Dr. Sullivan? Did you  
22                  ever get a chance to read that or see that?

23                  MR. PEARSON: Take your time.

24                  THE WITNESS: I did see that.

25                  ///

1 BY MR. ADMIRE:

2 Q Was there anything in there, when you read  
3 it then or when you read it now, that you would believe  
4 is not true?

5 MR. PEARSON: Take your time and go through  
6 the whole thing.

7 THE WITNESS: What was the question again in  
8 reference to this?

9 BY MR. ADMIRE:

10 Q Is there anything contained in that letter  
11 that Dr. Sullivan wrote that you would say is untrue?

12 A No.

13 Q I want to go back to Sharp -- I guess it  
14 starts on Sharp 18, what was Bates stamp Sharp 18. I'll  
15 represent to you this is the day of the incident with  
16 Dr. Dorin. And it says on March 26 at 9:10. So it looks  
17 like at nine o'clock in the morning you talked with  
18 Howard LaBore by telephone. Is that fair to say?

19 A Yes.

20 Q I think the actual incident I want to talk  
21 about is on the next one, on Sharp 19. And it looks like  
22 it was another telephone call from you to Mr. LaBore.  
23 And on this date, on March 27, you had told him about an  
24 incident where you were contacted by Jana Baincock  
25 (phonetic) about an incident with Dr. Dorin. Do you

1 recall that?

2 A Yes.

3 MR. PEARSON: Just for clarity sake, that's  
4 a typo. It should be Babcock.

5 THE WITNESS: Oh, yes.

6 MR. ADMIRE: Okay.

7 BY MR. ADMIRE:

8 Q On this incident, it looks like it was  
9 reported that Dr. Dorin had missed a C-section and that  
10 Dr. Diehl went and covered for him. Is that fair?

11 A Yes.

12 Q And then it's reported here that at this  
13 point, on the second page, on Sharp Bates stamp 20, they  
14 tried to call Dorin and he didn't answer his cell phone  
15 and that later Dr. Diehl told Nurse Babcock that  
16 Dr. Dorin was not feeling well and he was asleep. Do you  
17 recall that?

18 A Yes.

19 Q Is this the first instance where it became  
20 suspicious that somebody might be using some of the  
21 missing Propofol?

22 A Yes.

23 Q And then, if you skip to Sharp 26, here is  
24 this other incident where it was reported that Dr. Dorin  
25 was seen staggering down the hall and that he apparently

**EXHIBIT 7**

# Exhibit 7

**(LODGED CONDITIONALLY UNDER SEAL)**



Transcript of the Testimony of:

**Maryann Cone**

Jones

v.

Sharp Healthcare

October 23, 2017

Volume I



1 Q. Is Sharp paying her expenses for being here  
2 today?

3 MS. CHOW: May call for speculation.

4 THE WITNESS: I'm not sure. I would assume.

5 BY MS. GODDARD:

6 Q. Are you paying her expenses today?

7 A. No. That I know.

8 Q. Are you currently employed?

9 A. No.

10 Q. What was your last job?

11 A. I was the chief operating officer at Sharp  
12 Grossmont Hospital.

13 Q. When did you stop working as the COO at Sharp  
14 Grossmont?

15 A. My last day was October 3rd, 2015.

16 Q. How long did you hold the position of COO at  
17 Sharp Grossmont?

18 A. Seven years.

19 Q. Did you assume the position of COO sometime in  
20 2008?

21 A. That's correct.

22 Q. And how long had you worked for Sharp before  
23 that?

24 A. I was an employee of Sharp for 38 years.

25 Q. Can you give me -- I don't want to go into too

1           A. I spoke to my boss who talked to legal.

2           Q. Okay. And do you know who she spoke to?

3           A. I'm not sure.

4           Q. At the time, what was your understanding of  
5 what would happen to the videos as they were taken?

6           A. Okay. How the videos were set up?

7           Q. No, I'm asking a different question. We  
8 talked about in the ICU there's a feed from the cameras,  
9 not a recording.

10          A. Kind of continuous.

11          Q. But here you understood from the outset that  
12 there would be recordings made?

13          A. That's correct.

14          Q. And you understood from the outset that the  
15 recordings would be made even when there were patients in  
16 the rooms receiving treatment, correct?

17          A. That could be a possibility, correct.

18          Q. Did you ever discuss -- you say it could be a  
19 possibility. Was there something you believed would  
20 prohibit patients from being recorded?

21          A. No.

22          Q. Did you look before the cameras were turned on  
23 to see what the actual field of vision was so you could  
24 see whether or not patients would be recorded?

25          A. No.

1           A. I think that was stated at a Medical Executive  
2 Committee.

3           Q. Okay. Can you -- I just want to recall the  
4 time. Was that during the time that the cameras were  
5 installed?

6           A. It was during the time, but it was after we  
7 had identified the physician.

8           Q. Okay. Did you make any effort -- did you make  
9 any effort to speak to any other anesthesiologist and  
10 confirm whether they agreed with that statement, that  
11 they would put Propofol in their pocket so they could use  
12 it and be sure they had it available to them?

13          A. I did not go out to seek that information, but  
14 I did hear that information.

15          Q. Okay. Did you participate in any internal  
16 audit of the Propofol inventory?

17          A. No.

18          Q. Are you aware of any internal audit of the  
19 Propofol inventory that occurred to determine the cause  
20 of the missing Propofol?

21          A. You're asking two different questions there.  
22 Probably unintentional.

23          Q. Okay.

24          A. Pharmacy always -- so I'm going to answer --  
25 pharmacy always does inventory. And since we had a

1 shortage of Propofol, they had a very -- like an  
2 inventory of where the Propofol was in the pharmacy at  
3 every place it was stored throughout the hospital,  
4 because it's not only used in Women's Center but used in  
5 many places. So they had a pretty good feel of the  
6 inventory of Propofol on campus.

7 And then the second part of the question, as  
8 it related to Women's Center, Linda Hamel and her team  
9 was keeping track of the different drugs, and Propofol  
10 was one of them.

11 Q. But have you ever heard -- did you ever hear  
12 there was an internal audit done at Sharp?

13 A. Not that I recall.

14 Q. Were any special procedures set up different  
15 than what would normally have taken place as far as the  
16 inventory of Propofol?

17 A. Not that I'm aware.

18 Q. Did you ever consider calling law enforcement  
19 to investigate?

20 A. No.

21 Q. Why not?

22 A. Because, again, we didn't know really where  
23 our theft problem was and we're fortunate that most of  
24 our security department is ex-law enforcement, so they  
25 have pretty good investigational skills. They're very

1 good about keeping things private. Again, this was kind  
2 of a covert operation. It was very limited to a very  
3 small amount of people trying to get it.

4 And, again, we never would want to accuse  
5 somebody of stealing without really having good  
6 information. We had no idea who it was.

7 Q. Did Sharp have any policies or procedure while  
8 you were working there for how to handle a suspicion that  
9 a doctor or other medical professional may be abusing  
10 drugs?

11 A. I think the Medical Executive Committee has a  
12 subgroup that works with physicians that might have some  
13 abuse issues, substance or some other behavioral issues.

14 Q. Was there any concern from when you first  
15 learned about the missing drugs and equipment that  
16 someone was using the drugs, abusing the drugs  
17 personally, any medical staff member or doctor?

18 A. No. I don't think we ever were concerned  
19 or -- maybe not -- "concerned" is the wrong word.

20 I think we were -- we never concluded what  
21 occurred with the drugs.

22 Q. Okay. They certainly couldn't have misused a  
23 breathing tube, correct?

24 A. That's true.

25 Q. What was your suspicion -- what did you

1 suspect was happening with the equipment that was  
2 missing?

3 A. There's -- this would just be me personally  
4 speaking. There is a fair amount of physicians, surgeons  
5 that have their own surgical centers that those kind of  
6 pieces of equipment could be used at. I wasn't sure --  
7 and many times some of the anesthesiologists work outside  
8 of the hospital, different private surgical centers, so  
9 they're not run by the hospital. So I don't know if  
10 there was thoughts that -- my thought was maybe some  
11 people are taking some of this equipment, be it OB/GYN or  
12 anesthesia or surgeons, and utilizing them out in an  
13 outpatient area.

14 Q. And so you didn't have any suspicion at the  
15 outset of the investigation that any of the missing drugs  
16 were being abused by staff members or doctors; is that  
17 correct?

18 A. No.

19 Q. Is that correct?

20 A. That is correct. But I'm just going to  
21 clarify that.

22 But at any point when you're missing drugs  
23 like some of the drugs we were missing, you would always  
24 have a heightened awareness of assuring your Pyxis -- we  
25 have strong processes in place to look at nursing staff.

1 specifically.

2 BY MS. GODDARD:

3 Q. Is it true that all patients are required to  
4 sign an admission agreement?

5 A. That's correct. I think it's a conditions of  
6 admission agreement.

7 Q. Have you ever heard of any patient being  
8 admitted who didn't sign that agreement?

9 A. Well, if the person is a full resuscitation  
10 coming in from an ambulance, they would not be able to  
11 sign a condition of admission agreement.

12 Q. In that case, if they had a relative or person  
13 who was going to be responsible for them, would you  
14 require that person to sign the admission agreement?

15 A. That's correct. And the admissions office  
16 would follow up with them within the first 24 hours of  
17 admission to the hospital.

18 Q. Have you ever heard of Sharp changing the  
19 terms of an admission agreement at the request of a  
20 patient?

21 A. Not that I have heard of, no.

22 Q. I'm going to show you a document that was  
23 previously marked Exhibit 27.

24 Does it appear to be an exemplar of the  
25 admission agreement we were just discussing?

1           A. That would be true.

2           Q. And Exhibit 27 is actually plaintiff Carla  
3 Jones's admission agreement for May 15th, 2013.

4                 Prior to installing the cameras in the  
5 operating rooms at the Women's Center, did you review any  
6 admission agreement form?

7           A. Specifically related to the cameras?

8           Q. Yes.

9           A. I've seen admission forms many, many times.

10          Q. No, I'm asking did you look to the form in  
11 reference to Sharp's ability to put cameras in the  
12 operating rooms?

13          A. Well, I kind of had already stated that. We  
14 did run this up through legal, and there is a discussion  
15 in here about -- I didn't look at this admission  
16 agreement specifically related to the cameras. Let me go  
17 back to your original question.

18          Q. You certainly didn't look at Ms. Jones's  
19 admission agreement, correct?

20          A. Not hers specifically, no.

21          Q. Did you look at the form admission agreement  
22 in reference to installing cameras?

23          A. No, I did not.

24          Q. During your time working for Sharp, if you  
25 look at the second page of Exhibit 27, there's a space

1 BY MS. GODDARD:

2 Q. I'm just asking the question. If my client --  
3 if my client went in to have a c-section and she looked  
4 in the corner and saw Howard LaBore in the room, would  
5 she have a right under the bill of rights to say I don't  
6 want him in the room?

7 A. Absolutely.

8 MS. CHOW: Same objection as before.

9 BY MS. GODDARD:

10 Q. And then the third bullet point down says  
11 "Confidential treatment" --

12 A. Could I add one thing. Sorry to interrupt  
13 you. But Howard LaBore would never be inside the  
14 person's room there.

15 Q. Just watching the video?

16 A. No.

17 MS. CHOW: Argumentative.

18 BY MS. GODDARD:

19 Q. If Howard LaBore watched the video, do you  
20 disagree that that's similar to being in the room  
21 watching the procedure?

22 A. No.

23 MS. CHOW: Calls for speculation. Incomplete  
24 hypothetical. Argumentative. Calls for legal  
25 conclusion.

**EXHIBIT 8**

# Exhibit 8

**(LODGED CONDITIONALLY UNDER SEAL)**

SUPERIOR COURT OF CALIFORNIA

COUNTY OF SAN DIEGO - CENTRAL DIVISION

MELISSA ESCALERA, on behalf )  
of herself and all others )  
similarly situated, )  
                               )  
Plaintiff,                 ) Case No.:  
                               ) 37-2016-00017392-CU-PO-CTL  
vs.                         )  
                               )  
SHARP HEALTHCARE, a         )  
California Corporation,     )  
SHARP GROSSMONT HOSPITAL, )  
and DOES 1-100, inclusive, )  
                               )  
Defendants.                 )  
                               )

DEPOSITION OF

HOWARD LABORE

SAN DIEGO, CALIFORNIA

FRIDAY, NOVEMBER 4, 2016

Reported by:  
PATRICIA M. BECK  
CSR No. 12090  
No. 16-46570

1 missing here?

2           A. Again, I don't remember details. I just  
3 took a quick look at it.

4           Q. Generally do you have in mind what's  
5 missing?

6           A. And again, I didn't review it. I generally  
7 had a quick glance of it to help look at the  
8 conversation I was having with the attorney.

9           Q. Can you tell me whether anything that's been  
10 redacted relates to the videos?

11          A. I am not sure.

12          Q. Do you have any information about which  
13 videos Investigator George Sweet reviewed during his  
14 tenure as the investigator on the case?

15          A. There's information reports which ones he  
16 had prior to me, yes.

17          Q. Which report?

18          A. Document No. 4.

19          Q. Other than what's detailed in the report?

20           MS. CHOW: She's asking you other than  
21 what's detailed, so looking at the report would not  
22 refresh your recollection as to that.

23           THE WITNESS: I don't recall other than  
24 what's in here.

25          ///

1 BY MS. MITCHELL:

2 Q. In the first paragraph of your report here,  
3 last sentence, it says: "I reviewed the information  
4 in this case by viewing the reported missing drug  
5 cases and the videos associated with those cases  
6 prepared by Investigator George Sweet."

7 Which were the videos associated that you  
8 reviewed?

9 MS. CHOW: I will point out that the  
10 document speaks for itself. Of course he can testify  
11 as to his recollection or knowledge.

12 THE WITNESS: The videos on page 10  
13 documented -- it starts at 9/14/12. Those video clips  
14 were part of the ones I reviewed prior to being  
15 involved that came from George Sweet's investigation.

16 BY MS. MITCHELL:

17 Q. So would it be all the videos before a  
18 certain date? Is that how we can determine which ones  
19 were prepared by Investigator Sweet?

20 A. Yes.

21 Q. What date would that be?

22 A. Well, end of February, beginning of  
23 March 2013 when I became involved with the  
24 investigation.

25 Q. Well, you're pointing me to ones in March.

1 MS. CHOW: Where are you seeing this?

2 THE WITNESS: No. I'm sorry.

3 BY MS. MITCHELL:

4 Q. Which page were you on?

5 A. Page 2, which is the page starting 000010.

6 And these video clips start on 9/14/2012 and go to

7 January 8th, 2013.

8 Q. Okay. Is there a point in this report where  
9 you start having personal knowledge of the events?

10 A. Yes.

11 Q. What page in the report would that be?

12 A. It starts on page 11. It's 000011, which is  
13 page 3 in my report on the bottom, when I start  
14 talking to staff involving this.

15 Q. So starting with the paragraph on March 7,  
16 2013?

17 A. Yes.

18 Q. Is it true that anything before that would  
19 be based on your review of Mr. Sweet's investigation?

20 A. Yes.

21 Q. And you have no knowledge about how he  
22 conducted that investigation other than his report?

23 A. Can you be more specific?

24 Q. Do you have any knowledge about his  
25 investigation besides his report?

1           A. Well, I talked to George Sweet.  
2           Q. When did you talk to him?  
3           A. On or about the end of February 2013 to  
4 March 2013 when he became involved.  
5           Q. What did he tell you?  
6           A. I don't recall specifically, but we talked  
7 about what he had done prior to this, me getting  
8 involved with the investigation.  
9           Q. To the best of your recollection, what can  
10 you recall that he told you?  
11          A. Talked about the video.  
12          Q. What about the videos?  
13          A. What he had reviewed.  
14          Q. What had he reviewed?  
15          A. The video clips that are depicted on that  
16 page 2 starting on 9/14/2012.  
17          Q. Do you know who else reviewed those videos?  
18          A. No.  
19          Q. Do you know who had access to those videos?  
20          A. No.  
21          Q. Up until the point you took over the  
22 investigation, do you have knowledge of who had access  
23 to any of the videos that were taken?  
24          A. No.  
25          Q. Up until the point you took over the

1 investigation, do you have knowledge about who viewed  
2 any of the videos?

3 A. No.

4 MS. CHOW: Aside from George, who you've  
5 already testified to, right?

6 THE WITNESS: Yes, right.

7 BY MS. MITCHELL:

8 Q. Do you know who had access to Mr. Ramos's  
9 computer?

10 A. No.

11 Q. Do you know who had access to Mr. Albright's  
12 computer?

13 A. Mr. Albright?

14 Q. Yes.

15 A. Mr. Albright had access to his computer.

16 Q. Do you know anybody else who had access to  
17 his computer?

18 A. I'm not sure.

19 Q. Do you know who had access to Mr. Ficcaci --

20 A. Ficcaci.

21 Q. -- Ficcaci's computer?

22 A. Mr. Ficcaci.

23 Q. Besides him, do you know?

24 A. And again, I'm not sure.

25 Q. Do you know who had access to Mr. Sweet's

1 people had access to it?

2 A. That's correct.

3 Q. Did you give her any instructions about  
4 keeping the information protected?

5 A. She knew the information was protected.

6 Q. Did you give her any instructions?

7 A. Not that I recall.

8 Q. Did you ever give anyone instructions about  
9 keeping any of the recordings confidential or  
10 protected?

11 A. Yes.

12 Q. Who?

13 A. Linda Hamel.

14 Q. Anybody else?

15 A. Not that I recall.

16 Q. What did you tell Linda Hamel?

17 A. I had Linda review some of the video clips  
18 to identify the doctors that were on the video because  
19 I did not know the people. And she understood, based  
20 on when I showed her these videos, that this is a  
21 confidential investigation, and she wasn't allowed to  
22 discuss or disclose what she saw on the videos.

23 Q. Which videos did you have Linda review?

24 A. On document No. 4, Sharp page 000015, the  
25 top of the page talks about 17 video clips that she

1 viewed and identified Dr. Dorin on specific dates in  
2 those video clips.

3 Q. Can you tell me in reference to one of these  
4 thumb drives? I mean, how can I ascertain which of  
5 these 17 there were?

6 A. I'm not sure I understand.

7 Q. Were these on a thumb drive? How did you  
8 have her review them?

9 A. Oh, I had them on a thumb drive at that  
10 time.

11 Q. Which of these thumb drives?

12 A. It was my original thumb drive. And I  
13 plugged it into a laptop, or possibly a desktop. I  
14 don't recall right off the top of my head, one or the  
15 other, and I played it off the thumb drive and  
16 reviewed it.

17 Q. You don't know if it was downloaded or not?

18 A. I know it wasn't downloaded because I did  
19 not do that.

20 Q. You remember specifically?

21 A. Yes.

22 Q. Were there any patients in those videos?

23 A. No.

24 Q. Did you review -- there were no patients in  
25 any of the videos that you reviewed?

1 videos that you copied for Ms. White and reviewed,  
2 were you able to see the patient's face in those  
3 videos?

4 A. Yes.

5 Q. Both patients?

6 A. Yes.

7 Q. Were you able to see those patients  
8 undergoing medical procedures?

9 A. No.

10 Q. But it was the recording taken in the Sharp  
11 operating room?

12 A. Yes, and I can clarify for you if you'd  
13 like.

14 Q. Please. What did you see?

15 A. The camera was in the monitor of the screen  
16 which was attached to an anesthesia cart. So when a  
17 person sat at the computer, logged on, they would be  
18 looking at that screen. Kind of similar to an  
19 embedded camera into the screen itself.

20 Wherever the screen was pointed, that's the  
21 direction of view you got. Because it was on this  
22 mobile anesthesia cart where the computer was  
23 attached, I didn't control where it was rotated --

24 Q. I'm asking what you saw on these two videos.

25 A. I apologize. I'm getting to that. I'm

1 in Support of Motion to Quash and/or for Protective  
2 Order. And my question, after you've had a chance to  
3 look at it, is whether you've seen it before.

4 (Exhibit 7 was marked for identification by  
5 the court reporter.)

6 THE WITNESS: I've not seen this document.

7 BY MS. MITCHELL:

8 Q. On page 2, paragraph 3, lines 6 through 7,  
9 it says: "Some of the video clips depict patients in  
10 their most vulnerable state, under anesthesia, exposed  
11 an undergoing medical procedures."

12 Do you have any information about where  
13 Mr. Lewis got that information from?

14 A. No.

15 Q. He didn't get it from you?

16 A. Not directly. He may have gotten from my  
17 reports, but I didn't directly tell him that. I don't  
18 recall.

19 Q. On page 3, paragraph 6, lines 8 through 9,  
20 say: "None of the other 6,966 video clips provide any  
21 exculpatory evidence for Dr. Dorin."

22 Do you have any knowledge about where  
23 Mr. Lewis got that information?

24 A. Again, no.

25 Q. Page 4, paragraph 13, lines 25 through 26:

1 "The 6,966 video clips all capture scenes within three  
2 operating rooms, which are not open to the public."

3 To your knowledge, is that true?

4 A. Yes.

5 MS. CHOW: Oh, I was going to ask which  
6 portion? The fact that it's not open to the public  
7 specifically, the number of clips there are, which  
8 portion of that?

9 MS. MITCHELL: The whole thing, and he  
10 answered yes. That's true, to his knowledge.

11 BY MS. MITCHELL:

12 Q. Lines 26 through 27 on page 4 say: "There  
13 are images contained within the multitude of images of  
14 women undergoing operations of a very personal,  
15 private nature, unconscious and in states of exposure  
16 depending on the operation performed."

17 That's through page 5, line 1. Do you have  
18 any information about where Mr. Lewis got that  
19 information from?

20 A. Again, I don't have any personal knowledge.  
21 I believe it came from my investigation, but I can't  
22 swear to it.

23 Q. Do you have any information about where  
24 Mr. Lewis got that knowledge from?

25 A. Again, I believe it's from the investigation

1 in my written reports, but I can't recall exactly  
2 where this information came from. I don't recall if I  
3 told him or I read it in the report. I don't recall.

4 MS. CHOW: Also I think it's --

5 MS. MITCHELL: You have an objection?

6 MS. CHOW: I'm just saying the form of the  
7 question is somewhat problematic, seeing as to how  
8 you're referring to a statement that isn't factual but  
9 subjective observances, and --

10 MS. MITCHELL: Do you have an objection?

11 MS. CHOW: I'm just saying that it's vague.

12 May call for speculation from him.

13 BY MS. MITCHELL:

14 Q. Back to the files that are in the safe. We  
15 have the five thumb drives and the portable hard  
16 drive. Are there any other pieces of hardware in that  
17 safe containing copies of recordings?

18 A. No.

19 Q. Do you know how the files were downloaded  
20 onto the portable hard drive at the end of the  
21 investigation in September, October 2013?

22 A. No.

23 Can I raise a clarifying question? One of  
24 these documents that's in the confidential list may be  
25 the information that Mr. Lewis reviewed to write this

1 affidavit. It's not in this portion, but it may be  
2 under this confidential list.

3 MS. CHOW: Do you know that for sure?

4 BY MS. MITCHELL:

5 Q. My question was: Do you have any personal  
6 knowledge about where Mr. Lewis got his information  
7 from?

8 A. And, again, I don't have personal knowledge.

9 Q. So personal knowledge would be things that  
10 you told him in writing or orally.

11 A. Well, again --

12 Q. Or observed.

13 A. And, again --

14 MS. CHOW: I think we're running into the  
15 same vagueness issue. You're talking about subjective  
16 assessments. He's talking about facts that are  
17 documented in, you know, reports, and there's a  
18 disconnect there.

19 BY MS. MITCHELL:

20 Q. Are you trying to tell me, Mr. LaBore, that  
21 there is a document on this privilege log, Exhibit 3,  
22 that you believe contains information that Mr. Lewis  
23 relied on in drafting his declaration? Is that what  
24 you're saying?

25 A. I don't know exactly, but I did prepare a

1 report that is probably on this list. I don't know  
2 exactly, but it's not in this No. 4. And I don't have  
3 personal knowledge, but I know that he got a report  
4 that's probably on this list that he could have used  
5 for this document.

6 Q. Okay. Well, let me ask it another way then.  
7 Going back to Exhibit 7, page 4, paragraph 13, lines  
8 26 through 27, page 5, line 1, do you believe that to  
9 be true?

10 A. "There are images contained within the  
11 multitude of images of women undergoing operations of  
12 a very personal, private nature, unconscious and in  
13 states of exposure depending on the operation being  
14 performed."

15 MS. CHOW: Calls for speculation on his  
16 part.

17 THE WITNESS: Based on what?

18 BY MS. MITCHELL:

19 Q. Do you believe that to be true?

20 A. I'm confused. Because what am I basing it  
21 on that I believe it's true?

22 MS. CHOW: Is it a fact, or is it the  
23 assessment that they're in vulnerable states? I mean,  
24 what part of it are you asking about? I think he's  
25 trying to seek clarification.

1 BY MS. MITCHELL:

2 Q. Do you believe it to be true?

3 MS. CHOW: Which portion is what he's  
4 seeking clarification on?

5 THE WITNESS: Can you be more specific?

6 BY MS. MITCHELL:

7 Q. I'm asking you about a specific sentence.  
8 You're telling me you may or may not have provided  
9 information that's been withheld on privilege grounds  
10 to Mr. Lewis to state that. That's not in any of the  
11 documents that you've provided to me. So I'm asking  
12 you just if whether you believe that statement to be  
13 true. Or you have no belief about it, that's fine  
14 too.

15 A. I guess the only word in the sentence that  
16 confuses me is the word "unconscious." Do I believe  
17 that video could contain personal, private natures  
18 that shared an exposure, yes, but I don't know if I  
19 can tell by a video if someone is unconscious or put  
20 under sedation. I'm not comfortable with that word,  
21 is I guess what I'm looking at.

22 Q. That's fair. And then taking a look at  
23 page 3, paragraph 6, lines 8 through 9: "None of the  
24 other 6,966 video clips provide any exculpatory  
25 evidence for Dr. Dorin."

1                   Do you believe that statement to be true?

2         A.    I believe it's true, yes.

3         Q.    And then page 2, paragraph 3, line 6 through  
4 8: "Some of the video clips depict patients in their  
5 most vulnerable state, under anesthesia, exposed and  
6 undergoing medical procedures."

7                   Do you believe that to be true?

8                   MS. CHOW: I think we're running into the  
9 same issue as with page 4 and 5.

10                  MS. MITCHELL: What's the objection?

11                  MS. CHOW: To the extent -- it's vague. It  
12 calls for speculation.

13                  THE WITNESS: I agree with the "vulnerable  
14 state, under anesthesia, exposed." When you're  
15 talking about undergoing medical procedures, I  
16 couldn't see that during my review of the clips. So I  
17 can't say that I saw it, but was it going on,  
18 probably.

19                  BY MS. MITCHELL:

20         Q.    You believe that to be true?

21         A.    I believe that's true.

22         Q.    How many video clips total were taken?

23         A.    I don't know the exact number.

24         Q.    Do you have an estimate?

25         A.    No, I don't.

1           A. Again, what time frame?

2           Q. After you took over the investigation, which  
3 you testified was in or around February 2013, through  
4 the date that recording stopped, June 2013.

5           A. I don't know the exact number. It was after  
6 the first MEC that this disruption happened. It went  
7 on until the cameras were turned off. So some videos  
8 were being recorded, and sometimes tape was placed  
9 over the cameras, and sometimes the monitors were  
10 turned to face the wall.

11           It was numerous times in that time frame  
12 after April 4th. I don't know the exact number, but  
13 it was going on after that time frame. I just want to  
14 put it in that context.

15           Q. And you know this because you were reviewing  
16 the recordings?

17           A. Yes.

18           Q. When did you start reviewing the recordings?

19           A. Which time?

20           Q. When did you start reviewing recordings?

21           MS. CHOW: Can I ask you to clarify? When  
22 you say "reviewing the recordings" and "when," are you  
23 referring to the date of the recording, or are you  
24 referring to the date on which he was actually  
25 reviewing?

1 BY MS. MITCHELL:

2 Q. I'll start again. Did you review any  
3 recordings prior to the time you took over the  
4 investigation?

5 A. No.

6 Q. So when was the first time that you reviewed  
7 a recording of one of the operating rooms at Sharp?

8 A. On or about the beginning of my  
9 investigation in March 2012.

10 Q. Okay. Now, you've already testified to  
11 having reviewed recordings that are in your report?

12 A. Yes.

13 Q. So now I'm asking you questions about  
14 recordings that you were reviewing with respect to  
15 tape being put over the monitors. Okay?

16 A. Okay.

17 Q. So you told me that this first started after  
18 the first MEC meeting after April 4th, 2013, right?

19 A. Yes.

20 Q. So were you reviewing the recordings pretty  
21 much in realtime?

22 A. These recordings we're talking about were  
23 reviewed after they had been removed and put on the  
24 portable hard drive. It's when I had the portable  
25 hard drive in my possession. I was given direction to

1 review those videos, and during that time is when I  
2 discovered the tape or the monitors being moved in  
3 that time frame after April 4, 2013.

4 Q. Who directed you to do the review of the  
5 portable hard drive?

6 A. Ky Lewis.

7 Q. What was the scope of your review?

8 A. What do you mean by "scope"?

9 Q. Did you review everything on the portable  
10 hard drive?

11 A. Some of these -- it's a yes-and-no answer  
12 with an explanation. Some of these clips were very  
13 small clips, one or two minutes. This was a motion  
14 sensor camera. So someone could walk by the room,  
15 activate the motion sensor, and nothing is in the  
16 operating room. I just quickly fast-forward through  
17 those clips.

18 The ones that actually showed patients and  
19 issues, I took a little more time to take a look.  
20 Because of my instructions that were given to me by Ky  
21 Lewis, looked at -- not from one to the end of the  
22 whole thing, but skimmed through it looking for  
23 specific things.

24 Q. What were you looking for?

25 A. Possible HIPAA issues.

1           Q.    What were the possible HIPAA issues were you  
2 looking for?

3           A.    Can you see a patient's face.  Can you see  
4 any body parts of the patient.  If so, what were those  
5 body parts.  How long were they exposed.  That type of  
6 stuff I was looking for.

7           Q.    What did you see?

8           A.    Well, I could see the patient's faces when  
9 they came in and when they left.  On some of the  
10 videos I could see the backside, buttocks area as  
11 they're getting onto the table briefly.  I could see  
12 the backside sometimes on a video where the anesthesia  
13 may be given an injection into the back.  I could see  
14 the left arm with the IV.

15           Again, when they actually started the  
16 procedure, a tent was raised so I couldn't see  
17 anything beyond that point.  I saw babies after the  
18 birth.  I saw visitors that were present that came in  
19 with the patient to be with them.  I saw other medical  
20 staff, medical personnel in the operating room during  
21 those times.

22           Q.    And your findings you reported to Ky Lewis  
23 in one of these documents on the privilege log?

24           A.    Yes.

25           Q.    Did you report your findings to anyone else?

1           A. Not that I recall.

2           Q. Was your review intended to be a review of  
3 all of the videos that still existed that were in  
4 Sharp's possession?

5           A. Yes.

6           Q. And that review happened after April 4,  
7 2013?

8           A. Yes.

9           Q. But you can't give me a better date as to  
10 when that was?

11          A. I don't -- I prepared a report. I don't  
12 have the report here so I can't give you an exact  
13 date. If the videos were shut down in May, it was  
14 probably sometime after that because I did it off the  
15 portable hard drive.

16          Q. Did anybody else assist in that review?

17          A. No.

18          Q. How long did it take you to do that review?

19          A. Long time.

20          Q. Can you give me an estimate? Number of  
21 weeks, number of hours?

22          A. Again, I prepared a report that has the most  
23 factual information on it. Three weeks would be a  
24 guesstimate, but had I had that report, I would be  
25 able to tell you the exact time.

1 today?

2 A. And, again, I don't want to be wrong so I  
3 don't want to guess. I'm sorry.

4 Q. It's okay. I'm entitled to press you about  
5 what you can remember and whatnot.

6 A. I understand.

7 Q. I write things down so I don't have to  
8 remember them.

9 A. I understand. I just honestly don't  
10 remember the number of times so I can't give you that  
11 number.

12 Q. As you sit here today, you can't estimate  
13 for me how many times you observed the camera facing  
14 the wall?

15 A. Correct, I cannot.

16 Q. Do you have any knowledge of how the  
17 recordings got from this off-site location onto the  
18 portable hard drive that you reviewed?

19 A. No.

20 Q. You don't know who was involved in that  
21 process?

22 A. Yes, I do.

23 Q. You do. Who was involved?

24 A. Raul Ramos.

25 Q. How do you know that he was involved in

1           Q.    We talked about three of those weeks, your  
2 best estimate being reviewing the recordings.  Yes?  
3           A.    Yes.

4           Q.    And we have your report.  You interviewed  
5 witnesses, right?

6           A.    Yes.

7           Q.    What else were you doing those nine months?

8           A.    I'm not sure I understand the question.

9           Q.    I just want to understand what your  
10 responsibilities were in a little bit more detail.  
11 You told me that you were solely doing the  
12 investigation, and that includes reviewing video and  
13 interviewing witnesses and preparing reports.

14           What else would it include?

15           A.    I'm not sure I understand.  It was working  
16 on this investigation.

17           Q.    What are the types of things that you did?

18           A.    I don't recall specific things I can answer  
19 right this second other than preparing reports,  
20 interviewing people, reviewing video clips.  I have no  
21 specific thing I can remember right off the top of my  
22 head.

23           Q.    Or generally?

24           A.    Well, I do know I had to prepare to go to  
25 the MEC, and those are after-hours meetings.  So

**EXHIBIT 9**

# Exhibit 9

**(LODGED CONDITIONALLY UNDER SEAL)**



Transcript of the Testimony of:

**Raymond Albright**

Jones

v.

Sharp Healthcare

September 21, 2017

Volume I

Raymond Albright

September 21, 2017

1 SUPERIOR COURT OF THE STATE OF CALIFORNIA

2 COUNTY OF SAN DIEGO - CENTRAL DIVISION

3    )

4 CARLA JONES, on behalf of    )

5 themselves and all others    )

6 similarly situated,    )

7    )

8    ) Plaintiffs,    )

9    ) Case No.

10   ) ) 37-2017-

11    ) -vs-    )

12    ) ) 00001377-

13    ) ) CU-NP-CTL

14 SHARP HEALTHCARE, a California                                    )

15 Corporation; GROSMONT HOSPITAL                                    )

16 CORPORATION dba SHARP GROSMONT                                    )

17 HOSPITAL, a California Corporation                                )

18 and DOES 1-100, inclusive,                                        )

19    )

20    ) Defendants.    )

21    )

22    DEPOSITION OF RAYMOND ALBRIGHT

23    THURSDAY, SEPTEMBER 21, 2017

24    9:09 A.M.

25    501 WEST BROADWAY, SUITE 1000

REPORTED BY:

DEBERA ANNE DORAN

CSR NO. 7821

1 date a meeting occurred, if you recall it happened in a  
2 particular year or a particular time of that year or even  
3 a particular month, I'm entitled to the best recollection  
4 you have. Do you understand that?

5 A I do.

6 Q Did you meet with Ms. Chow to prepare for  
7 your deposition?

8 A I did.

9 Q About how long was that meeting?

10 A Three hours, I believe.

11 Q And when did that meeting occur?

12 A This Monday.

13 Q Did you review any documents to refresh your  
14 recollection and prepare for your deposition?

15 A I did not.

16 Q Going back to your time working for Sharp,  
17 what was the last position you held at Sharp?

18 A Security director for the company.

19 Q Will you please describe for me what your  
20 responsibilities were as the security director for Sharp?

21 A I was responsible for the physical security  
22 of the various facilities that Sharp had.

23 Q Does that range across all of the Sharp  
24 facilities?

25 A It does.

1 Q When you say "physical security," I want to  
2 get a sense of what's under that umbrella as opposed to  
3 any other type of security.

4           A     Well, physical security, by its nature,  
5 describes the physical security of the buildings. Our  
6 mission statement was to provide -- to ensure a safe and  
7 secure environment for all the patients, visitors, and  
8 staff.

9 Q Did you have any role at Sharp at any time  
10 regarding drug testing of physicians?

11 A I did not.

12 (Mr. Admire enters the room at 9:16 a.m.)

13 BY MS. GODDARD:

14 Q Do you know if that ever occurred, that  
15 physicians would be subject to drug testing?

16 A I don't know.

17 Q How long were you the security director for  
18 Sharp?

19 A From January of 1993 until I retired in  
20 February of 2015. I need to clarify that question.

21 Q Sure.

22           A     Due to the -- I was responsible for all the  
23 security, but that role grew from the time I was first  
24 hired, and the name of my position actually changed about  
25 three times.

1 Q Okay.

2 A But it was the same role.

3 Q So over the course of the 22 years that you  
4 worked there, things changed. Right?

5 A Yes, ma'am.

6 Q Okay. Was that wrong?

7 MS. CHOW: Possibly, I think that misstates  
8 testimony. He said his role stayed the same, his title  
9 changed.

10 THE WITNESS: Yes.

11 MS. GODDARD: No, I understand but he also  
12 said that his role grew from the time he was first hired,  
13 and the name of the position changed about three times.

14 BY MS. GODDARD:

15 Q So there were changes in your job during the  
16 course of those years. Correct?

17 A Not changes in the job, just changes in the  
18 scope of the job, the size of the job, I guess, would be  
19 better.

20 Q Okay. How many people did you supervise at  
21 the time that you retired?

22 A I would have to estimate about 150.

23 Q What positions did the people you supervised  
24 hold?

25 MS. CHOW: What time frame?

1           Q     I'm talking about the actual decision to do  
2     that. Who was involved in that decision to place cameras  
3     in the operating rooms?

4           A     That was Women's Center. That was Michelle  
5     Tarbet. She directed me to do it. And eventually, our  
6     Information Systems people found a solution.

7           Q     Did you have any email -- any communications  
8     with Ms. Tarbet over email regarding this missing drugs  
9     issue?

10          A     I don't recall.

11          Q     Do you know -- did you ever delete any  
12     emails related to the Grossmont Women's Center  
13     investigation?

14          A     No.

15          Q     Do you believe that that would still be at  
16     Sharp if Sharp maintained your emails after you retired?

17          A     I believe they would be there forever.

18                MS. CHOW: Calls for speculation.

19                BY MS. GODDARD:

20          Q     That's what I tell my teenager.

21               And you said Ms. Tarbet and people in the  
22     Women's Center directed you to install the cameras.  
23     Correct?

24          A     Well, Ms. Tarbet directed me to.

25          Q     Okay.

1           A     No.

2           Q     At any subsequent time?

3           A     I don't recall.

4           Q     Did you inform Ms. Tarbet -- well, at the  
5     time you met with Ms. Tarbet, did you have an  
6     understanding of what type of camera you would use in the  
7     operating room and where it would be placed?

8           A     At the time?

9           Q     Yes.

10          A     Not initially, no.

11          Q     So when you first talked to her, did you  
12     ever have any subsequent conversations with Ms. Tarbet  
13     about --

14          A     Absolutely.

15          Q     How many?

16          A     I don't know.

17          Q     What were those other conversations? What  
18     were your subsequent conversations about?

19          A     Well, they were updates during the  
20     investigation, what was going on, certainly what we were  
21     doing in the way of technology, how it was happening, how  
22     it was set up.

23          Q     Did you update Ms. Tarbet regularly about  
24     the investigation?

25          A     Yes.

1 respond when you had that discussion?

2 A I don't recall.

3 Q Who were the Women's Center's employees you  
4 were speaking with?

5 A Well, the main person was Lily. And I don't  
6 know. I don't recall the names of any managers. And I'm  
7 not sure that I brought that up with Lily. I know I did  
8 bring it up with either her or Michelle, but I don't  
9 recall which one.

10 Q Okay. When you asked Ms. Tarbet what's her  
11 goal of the investigation -- deterrence, catching  
12 someone -- how did she respond?

13 A I didn't ask her that question. I was  
14 directed what to do. And obviously she wanted to  
15 catch -- in my opinion, she wanted to catch the person.

16 Q Did you explore any options for deterring  
17 the thefts with Ms. Talbet?

18 A I don't recall.

19 Q Tarbet, sorry.

20 A I assume I did, but I don't recall.

21 Q At some point, is it your understanding  
22 that, of the options that you laid out as far as what the  
23 goals of the investigation would be, that Sharp's main  
24 focus was catching someone -- the person who had stolen  
25 the drugs?

1           Q     After the cameras started to record videos,  
2     did you review any of the videos that were taken in the  
3     operating rooms?

4           A     You'll have to narrow that down. The answer  
5     would be yes, but under only certain circumstances.

6           Q     So I'm going to start with the big question,  
7     and then I'm going to ask you about those circumstances.  
8     Does that make sense?

9           A     Okay, sure.

10          Q     So you did review the video that was taken  
11     in the operating rooms. Correct?

12          A     The video footage, yes.

13          Q     Did anyone from the security department  
14     review the videos?

15          A     Yes.

16          Q     Who?

17          A     That would be Howard or George after it was  
18     sent to me.

19          Q     Okay. What were the circumstances under  
20     which you would review a video that was taken in the  
21     operating room?

22          A     I would get a report or a call usually -- I  
23     think it was a phone call -- that drugs were missing  
24     during a certain period of time. I would then call  
25     whoever it was in IS and say, I need the video from ten

1 investigation.

2 A I have no memory of ever seeing a patient  
3 during the course of this investigation.

4 Q Okay. Did anyone ever express to you any  
5 concern that patient images were being captured on the  
6 videos?

7 A No.

8 Q Is it your understanding that Mr. LaBore at  
9 some point went back and viewed all the videos?

10 A After the investigation was over?

11 Q At any time.

12 A Yes.

13 Q Do you know why he did that?

14 A He was directed to by our attorney.

15 MS. CHOW: Don't discuss -- do not discuss  
16 anything that you're aware of between your department and  
17 an attorney at Sharp.

18 THE WITNESS: Okay.

19 BY MS. GODDARD:

20 Q Did you direct him to do that, to view all  
21 the videos?

22 A No.

23 Q Did you discuss at any time with Mr. LaBore  
24 what he had seen on the videos based on that review?

25 A Yes.

1           Q     Was an attorney present during that  
2 discussion?

3           A     I don't recall.

4           Q     Where were you when you discussed it?

5           A     I don't recall. We were on the same kind of  
6 area. We were -- we have a security department, and I  
7 don't know if it was in there or if it was in the  
8 attorney's area. I'm not sure.

9           Q     Okay. Was it a meeting with Mr. LaBore?

10          A     I would be reluctant because I'm not sure of  
11 who was there. Because if an attorney was there, I would  
12 think it would --

13          Q     Did you ever become aware that the videos,  
14 some of the videos, did show patient images?

15          A     Yes.

16          Q     When did you first become aware of that?

17          A     After the investigation concluded.

18          Q     When you started the investigation, did you  
19 do anything to view, let's say, like a test video to  
20 determine what the field of vision of the camera would  
21 be?

22          A     No.

23          Q     Did you do anything at the start of the  
24 investigation to determine whether or not it would be  
25 likely that a patient would be captured on the video?

1 time when we do this type of investigation.

2                   The other concern was to be sure that we  
3 only looked at video we needed to look at and nobody else  
4 looked at it. And I wasn't even concerned about the  
5 video that we didn't see because I never saw it. And  
6 there was no mechanism for anybody else to view it.

7                   Q     So my question is a little different. I  
8 want to make sure I have an understanding of your  
9 expectation.

10                  Did you have an expectation at the outset  
11 that, by placing a hidden camera in the operating room,  
12 there was a significant likelihood that patients would be  
13 captured by that camera?

14                  A     I didn't have that expectation. I knew that  
15 probably in the back of my mind that that's a  
16 possibility. But my main focus was how could we get  
17 something -- all I wanted to look at was the narcotics.  
18 I didn't want to look at anything else. I didn't want to  
19 look at the doorway. Just wanted to see what was going  
20 on during the time somebody said somebody's taking  
21 narcotics. Very, very difficult to -- very challenging,  
22 you know, direction that I had, so...

23                  Q     So when you discussed patient privacy with  
24 Ms. Tarbet, what were you discussing as far as -- what  
25 privacy were you concerned about?

1                   A     The patient privacy. Not the privacy of the  
2     patient. I never used -- would put any type of  
3     surveillance in a patient care area in that context.  
4     We're going into a patient care area here. What are the  
5     issues with her. So that's what I discussed with her,  
6     what are the issues. And she told me there are no  
7     issues. Because people sign a waiver when they go in  
8     there. And so that was -- that was my discussion with  
9     her.

10                  Q     Okay. So you did review some of the video.  
11     From your review of the video, was the camera placed in a  
12     location where you could see activity at the drug cart?

13                  A     Yes.

14                  Q     In every video?

15                  A     No.

16                  Q     Approximately how many videos?

17                  A     I don't know.

18                  Q     Did you have any concerns that you had  
19     placed a video camera in this operating room that had  
20     been turned at an angle where you couldn't even see the  
21     drug cart?

22                  A     Sure.

23                  Q     Did you do anything to address those  
24     concerns?

25                  A     Nothing I could do.

1 believe they did.

2 Q What is that belief based on?

3 A Just my memory.

4 Q Okay. And then let's talk about the -- you  
5 had a request to delete files to make more room on the  
6 computer. Is that my understanding?

7 A I did once, yes.

8 Q Did you approve the deletion of files?

9 A No.

10 Q Do you have an understanding that there were  
11 files deleted to make room on the computer?

12 A No, I don't.

13 Q Would you have approved that to have  
14 occurred?

15 A No.

16 Q Is there a reason -- was it important to the  
17 integrity of the investigation that you retained a copy  
18 of all videos that were taken?

19 A I think that just would be standard  
20 practice, to keep everything that you can keep, not pick  
21 a direct effort to remove anything. Just -- that's just  
22 good practice.

23 Q And are you aware that at some point in time  
24 Sharp reported Dr. Dorin to the medical board?

25 A Oh, yes.

1 Q So that decision was made by someone else?

2 A It was.

3 Q Did you participate amassing any evidence  
4 for the medical board proceeding?

5 MS. CHOW: May call for speculation.

6 But go ahead.

7 THE WITNESS: I believe that my  
8 investigator, in consultation with attorneys, did that.

9 BY MS. GODDARD:

10 Q But I'm asking did you personally  
11 participate in gathering evidence for the medical board  
12 investigation?

13 A No, I didn't.

14 Q Do you have any record of when you would  
15 meet with Ms. Tarbet to update her about the  
16 investigation?

17 A I don't.

18 Q Did you put it in your calendar?

19 A Probably not. It was probably a phone call.  
20 Those aren't calendar items. Those are "please come  
21 over."

22 Q When you came to the conclusion initially  
23 that Dr. Dorin was the person stealing the drugs, did you  
24 have -- did you talk to Ms. Tarbet about that?

25 A Yes.

1                   Q     And did you call her to let her know? Or  
2     was it just part of a regular update?

3                   A     I don't -- I don't -- I don't know.

4                   Q     And tell me about that conversation where  
5     you conveyed that -- your concern that Dr. Dorin --

6                   A     Well, I believe that I was -- I believe that  
7     I had -- the procedure would be this: Most of the time I  
8     couldn't identify the doctor. It was hard for us to  
9     identify the doctor. I didn't know the doctor. I had  
10    never seen the doctor. And we would have the video  
11    reviewed, that particular clip, by those who would know.  
12    And whether Michelle was in some of those reviews or not,  
13    when I took over -- started this investigation, they had  
14    already made up their mind it was Dr. Dorin, and I  
15    didn't. So I don't know at what point that was confirmed  
16    to them, whether they already confirmed it in their minds  
17    or if it was after the first video. When it was, I don't  
18    recall.

19                  Q     So I want to make sure I understand. Did  
20    you feel that, in Ms. Tarbet's mind, she had concluded it  
21    was Dr. Dorin before the investigation started?

22                  MS. CHOW: Calls for speculation.

23                  THE WITNESS: I don't know.

24                  BY MS. GODDARD:

25                  Q     At some point did she tell you at any point

1       February 1st and June 25 of 2013. Do you see that?

2           A     I do.

3           Q     Do you have any knowledge as to why those  
4     clips were retained by Sharp but not the others?

5           A     I don't --

6                   MS. CHOW: Calls for speculation.

7                   THE WITNESS: I don't know.

8       BY MS. GODDARD:

9           Q     And then further down there is a statement:  
10   None of the other 6,966 video clips provide any  
11   exculpatory evidence for Dr. Dorin.

12                  Do you see that?

13           A     I do.

14           Q     Do you have any reason to disagree with that  
15   statement?

16                   MS. CHOW: Calls for speculation.

17                   THE WITNESS: I don't.

18       BY MS. GODDARD:

19           Q     Do you have any knowledge as to how  
20   Mr. Lewis would know what any of those video clips  
21   showed?

22                   MS. CHOW: Same objections.

23                   THE WITNESS: I do not.

24       BY MS. GODDARD:

25           Q     Looking at page 4, paragraph 12 -- and feel

1           Q     Why? Why not?

2           A     It wouldn't be my role. At that point  
3 doctors are independent contractors. My legal authority  
4 or my limited role is in the hospital. For me to go  
5 outside the hospital, they would have to have -- I  
6 believe they would have had to have somebody else do  
7 that, a police department.

8           Q     Did you talk to anybody about trying to  
9 accomplish that, trying to interview the doctors, to get  
10 information that could lead to catching who was taking  
11 the drugs?

12          A     During the investigation?

13          Q     Yes.

14          A     No.

15          Q     Why not?

16          A     Didn't need to. We had a procedure in place  
17 where we were doing it. Early in the investigation, the  
18 only one that we were seeing during the time frame was  
19 Dr. Dorin.

20          Q     So I just want to make sure I understand  
21 this. To your knowledge, Sharp knew it had drugs missing  
22 from a cart in the operating -- from the carts in the  
23 operating rooms. Correct?

24          A     Yes.

25          Q     And it didn't -- to your knowledge, it

1 didn't make any effort to actually ask the doctors who  
2 were working in the operating rooms at that time if they  
3 had any knowledge or information about missing drugs?

4 A I don't --

5 MS. CHOW: Calls for speculation.

6 THE WITNESS: I don't know.

7 BY MS. GODDARD:

8 Q You have no knowledge of that. Correct?

9 A I have no knowledge of it.

10 Q But you at the time were leading -- were in  
11 charge of security at Sharp. Correct?

12 A I was.

13 Q So instead of talking to the doctors or --  
14 withdraw that.

15 So Sharp didn't talk to the doctors as far  
16 as you know. But, instead, they installed hidden cameras  
17 in the operating rooms. Correct?

18 A Yes.

19 Q Okay. In your experience as an  
20 investigator -- well, I'll withdraw that.

21 Well, in your experience as an investigator,  
22 is it important to talk to witnesses to try and establish  
23 what happened that you're investigating?

24 A To witnesses?

25 Q Yes.

1           Q     So why didn't you interview any of the  
2     doctors who worked in the operating rooms as part of the  
3     investigation?

4           A     Because this was a covert investigation. We  
5     were trying to get who took -- that was my direction --  
6     catch the person who is taking the drugs. If I would go  
7     out and kept the conversation -- or the investigation  
8     very close to the vest, because if you put it out there,  
9     you're not going to catch whoever is doing it.

10          Q     But certainly, if you talk to the doctors,  
11     it could help deter it from happening in the future.  
12     Correct?

13                 MS. CHOW: Calls for speculation.  
14     Incomplete hypothetical.

15                 THE WITNESS: I would think it would.

16     BY MS. GODDARD:

17          Q     I believe you said that you confronted  
18     Dr. Dorin in early spring. Mr. Lewis's deposition, which  
19     is Exhibit 7, states in paragraph 6 that the cameras  
20     captured images until June 25th of 2013.

21          A     Where is it?

22          Q     It's on page 3, paragraph 6.

23          A     Okay.

24          Q     So do you recall whether there was a gap in  
25     time of -- at all between when Dr. Dorin was confronted

1           and when the video stopped being recorded?

2           A      I don't recall.

3           Q      Would it concern you that video was still  
4                   being taken in the operating rooms for some period of  
5                   time --

6           A      No.

7           Q      -- after Dr. Dorin had been confronted?

8           A      No.

9           Q      Why not?

10          A      I didn't have access. I don't know exactly  
11                   when they turned it off or if they turned it off. So,  
12                   no, it wasn't a concern.

13          Q      Once the investigation had identified  
14                   Dr. Dorin as the person taking drugs, what was the  
15                   purpose for any further recording through the cameras in  
16                   the operating rooms?

17          A      None to me.

18                   MS. CHOW: Calls for speculation. And I was  
19                   going to say potentially attorney/client privileged  
20                   information.

21          BY MS. GODDARD:

22          Q      I'm going to show you what's been marked as  
23                   Exhibit 4. Do you recognize Exhibit 4? For the  
24                   record, it's marked Sharp 9 through 35.

25          A      This one here?

1       there had to be a documentation of where the drugs went.

2       There was no documentation.

3       BY MS. GODDARD:

4                   Q     So in your mind, you couldn't interview or  
5       confront Dr. Dorin until you had some other evidence  
6       besides the video of what drug was missing?

7                   A     That's correct.

8                   Q     Did you have any information as to what  
9       drugs were missing on or around September 14, 2012?

10                  A     I don't recall.

11                  Q     So in other words, the videos alone, in your  
12      mind, couldn't be used to prove that Dr. Dorin had taken  
13      the drugs?

14                  A     Correct.

15                  Q     Did you ever consider contacting the police  
16      to report the theft?

17                  A     I believe they did early on. The Women's  
18      Center independently.

19                  Q     Were you involved at all with any police  
20      investigation?

21                  A     I was not.

22                  Q     Do you know if the police declined to pursue  
23      any investigation?

24                  A     They did not.

25                  Q     Did they -- do you know how the police

1           they were on the job?

2           A     In the scope of the investigation, yes.

3           Q     Yes.

4           A     Anything that was missing was a concern.

5           Q     Okay.

6           A     I can't specifically say Zofran or whatever  
7     these other ones listed. I just can't recall those. But  
8     anything that was missing would be a concern and an  
9     investigation as far as patient safety would go, in my  
10    mind.

11          Q     Pepcid was missing. Have you ever taken  
12    Pepcid?

13          A     I don't know.

14          Q     It's an anti-acid.

15          A     Like Tums?

16          Q     Yes. Would that cause you concern for  
17    patient safety if that was missing?

18               MS. CHOW: Incomplete hypothetical. Calls  
19    for speculation.

20               THE WITNESS: If I knew what it was,  
21    probably not.

22    BY MS. GODDARD:

23          Q     Okay. Did you take any steps during the  
24    investigation to find out more about the particular drugs  
25    that were missing and how they could impair a person's

1           ability to do their job?

2           A     Did I?

3           Q     Yes.

4           A     No.

5           Q     Did you take any steps to determine whether  
6       or not you could test for the presence of any of the  
7       missing drugs in someone's blood?

8           A     I believe -- I didn't, no. But I think an  
9       investigator probably did.

10          Q     Can you say for sure you know either way?

11          A     I can't say for sure I know either way.

12          Q     Okay.

13          A     There is, in my mind, a memory of some of  
14       that, but I can't say for sure.

15          Q     Okay. So if I am reviewing Mr. LaBore's  
16       notes -- well, withdraw that.

17                 Looking at page four, which is numbered  
18       Sharp 12 --

19          A     Okay.

20          Q     -- towards the lower part of the page,  
21       there's a paragraph that starts "per regulations." Do  
22       you see that?

23          A     I do.

24          Q     The second-to-last sentence in that  
25       paragraph is: There are no narcotics (controlled

1                   substances) stored in these drug carts.

2                   Do you see that?

3                   A     I do.

4                   Q     Were you aware of that at the time you  
5                   started the investigation?

6                   A     No.

7                   Q     Did you become aware of that during the  
8                   course of the investigation?

9                   A     I don't recall.

10                  Q     Had you been aware of that at the outset of  
11                  the investigation, would you have had any different  
12                  concerns about patient privacy?

13                  MS. CHOW: I'm sorry, can you repeat the  
14                  question?

15                  MS. GODDARD: Yeah.

16                  BY MS. GODDARD:

17                  Q     Had you been aware that the drug carts in  
18                  the operating rooms did not contain narcotics or  
19                  controlled substances at the outset of the investigation,  
20                  would you have had any different concerns for patient  
21                  privacy?

22                  MS. CHOW: Calls for speculation.

23                  Incomplete hypothetical.

24                  THE WITNESS: You have to say it again,  
25                  sorry, so I completely understand your question.

1 and Babcock say the losses go back a few years.

2                   Do you see that?

3                   A    M-hm, I do.

4                   Q    Did you meet with Ms. Hamel and Ms. Babcock?

5                   A    I might have.

6                   Q    Do you have any recollection that you  
7                  questioned them on why they had just come forward now if  
8                  the drugs had been missing for a few years?

9                   A    I don't recall. But if I did, this is not  
10                 unusual in an investigation to get a broad idea of "they  
11                 think" but they don't know. That's been going on  
12                 forever. I've heard those statements so many times I'm  
13                 trying to focus on what the here and now is. I can't  
14                 deal with the past.

15                 Q    Did you talk with anyone about why all of a  
16                 sudden there is a patient safety concern now when the  
17                 drugs had been missing for several years?

18                 A    I don't recall that specific with these  
19                 folks at all, no.

20                 Q    I'm going to show you what has previously  
21                 been marked as Exhibit 17.

22                 A    I need to make a head call, too.

23                 MS. GODDARD: Sure, let's go off the record.

24                 (Off the record at 11:58 a.m.)

25                 (Recess)

1 (On the record at 12:18 p.m.)

2 BY MS. GODDARD:

3 Q Do you know when Mr. LaBore did his review  
4 of all the videos?

5 A I do know it was after we ceased the  
6 investigation. He did it by direction.

7 | Q Okay.

8 MS. CHOW: Of Mr. Lewis?

9 THE WITNESS: Yes.

10 BY MS. GODDARD:

11 Q Do you recall an article or a news report  
12 coming out about the recording in the operating rooms?

13 A I don't.

14 Q I had handed you Exhibit 17. It's numbered  
15 Sharp 81. Have you seen this Synopsis of the Missing  
16 Drug Case before?

17 A I don't recall seeing it.

Q Do you have any idea who drafted Exhibit 17?

19 A I don't.

20 Q As I look at Exhibit 17, do you have any  
21 reason to question the accuracy of the dates listed in  
22 what was identified in the videos?

23 A No, I don't.

24 Q Looking at the last video of Dr. Dorin  
25 listed as March 27, 2013, do you see that?

1           the drugs and putting our people at risk.

2           Q     Was your concern that, if you confronted  
3     Dr. Dorin without evidence of the exact drugs being  
4     taken, you wouldn't be able to prove that he had taken  
5     the drugs?

6           A     Of course.

7           Q     Did you give any consideration to -- after  
8     having seen nine videos of Dr. Dorin putting drugs in his  
9     pocket, did you give any consideration to, at least, if  
10    you confronted Dr. Dorin, maybe you could make it stop?

11          A     Did I?

12          Q     Yes.

13          A     No.

14          Q     Do you know if you ever had that  
15    conversation with anyone at Sharp?

16          A     Did I?

17          Q     Yes.

18          A     Probably.

19          Q     Who would you have had that conversation  
20    with?

21          A     Women's Center, Michelle.

22          Q     Tell me if you recall ever having a  
23    conversation to that effect.

24          A     I know I did before. I don't recall  
25    specific conversations. But during the investigation,

1 I'm sure there was conversations that I had with them  
2 about, okay, what are we going to wrap this -- how long  
3 are we going to do this? Because you got this stuff  
4 going on, you got assets in place.

5 Q And you had that conversation with  
6 Ms. Tarbet?

7 A I believe so.

8 Q And what was her response as far as how long  
9 she -- she was willing to let the investigation continue?

10 A Keep the video surveillance going.

11 Q Okay. Did she tell you why she wanted that  
12 to happen?

13 A I did not question the CEO's reasoning. She  
14 said keep the video surveillance going.

15 Q And over the course of this time, almost a  
16 year on Exhibit 17, drugs are missing from the operating  
17 rooms. Is that your understanding?

18 A Allegedly. I don't know that they were  
19 missing. I know they were -- I know they were taken and  
20 the documentation of where they went to was not complete.

21 Q And my understanding is there was a concern  
22 about patient safety. Correct?

23 A Absolutely.

24 Q And that patient safety was based on the  
25 fact that drugs were missing. Correct?

1       you had gone and spoken to an attorney about the incident  
2       that's described on Exhibit 9.

3           A     No.    No.   I'm sorry.

4           Q     Okay.

5           A     I misspoke if that's what you thought I  
6       said.   I talked to our attorneys about the computers  
7       after the investigation was over.

8           Q     Okay.

9           A     Not about this incident.

10          Q     Not about that particular incident, okay.

11                   Did you consult any written policies or  
12       procedures at Sharp prior to beginning the investigation?

13          A     No.

14                   MS. GODDARD: Off the record.

15                   (Off the record at 12:53 p.m.)

16                   (Recess)

17                   (On the record at 1:14 p.m.)

18                   MS. GODDARD: I have a few more questions.

19                   BY MS. GODDARD:

20          Q     Mr. Albright, were you still working for  
21       Sharp when Mr. LaBore reviewed all the videos?

22          A     When did he review them?

23          Q     That's what I'm asking. I'm trying to get a  
24       sense when Mr. LaBore reviewed all the video.

25          A     I think I was, yes. I think I was still.

1           Q     So it would have been sometime before  
2 February 2015?

3           A     Yes.

4           Q     I think we talked about the potential for  
5 placing a camera in the operating room that would be  
6 pointed directly at drug cart. Do you recall that  
7 discussion?

8           A     With Howard?

9           Q     No, with me earlier.

10          A     Oh, yes, I do.

11          Q     Okay. And I wanted to make sure. Did you  
12 ever consider placing a video camera in the operating  
13 room that was directed at the drug cart openly, not  
14 hidden?

15          A     Did I consider it?

16          Q     Yes.

17          A     Absolutely.

18          Q     And did you discuss that with anyone?

19          A     I did.

20          Q     Who did you discuss it with?

21          A     I believe Michelle.

22          Q     Tarbet?

23          A     I don't know if I discussed it with Lily. I  
24 don't really recall, but I'm sure I did with Michelle.

25          Q     And what was her reaction to that suggestion

1           that you place an openly visible camera in the operating  
2           room?

3           A     It became moot because of the problems of  
4           putting any video into the -- that room with the  
5           difficulty that -- with the purpose of what we are doing  
6           it because of the hodgepodge and all the costs and all  
7           the money going out, and they wanted to get this thing  
8           done. That's how I remember it.

9           Q     I want to make sure we are on the same page  
10          here. What was the concern about shutting down the  
11          operating room?

12          A     I can't go to all those facts. I can only  
13          give you my opinion on that. It was physically  
14          impossible. A room like this is fairly easy. You have  
15          tile. A room where you have plaster and everything else,  
16          it becomes, engineering-wise and facilities  
17          management-wise, very, very difficult. Now, that's not  
18          my expertise. But it was ruled out very, very quickly.

19          Q     Do you know if there was ever a  
20          consideration given to pointing a camera in that would  
21          be -- withdraw that.

22               When we talk about that deliberation about  
23          whether you could put a camera in that was directly  
24          pointed specifically at the drug cart, was that  
25          discussion around a hidden camera or an openly visible

1                   camera?

2                   A     Probably both ways.

3                   Q     Okay.

4                   A     I might have discussed it as a deterrence  
5     and discussed it, okay, if we can't do it that way, they  
6     want to catch the guy, how can we put a camera in there  
7     that would not be detectable.

8                   Q     And there was a concern about the cost to --

9                   A     No. Not the cost. The cost was never a  
10    factor to me.

11                  Q     Because, what I heard, there was some  
12    discussion about having to close down the operating room.  
13    Was there any discussion about how expensive that would  
14    be?

15                  A     Not to me, no.

16                  Q     Now, we talked about how -- I asked you why  
17    you didn't -- why Sharp didn't confront Dr. Dorin earlier  
18    in the investigation. And my understanding of your  
19    response was that you needed more information than just  
20    the video to confront him. Is that accurate?

21                  A     Well, for my purposes, yes.

22                  Q     What was the other information that Sharp  
23    got that led to the confrontation with Dr. Dorin?

24                  MS. CHOW: May call for speculation.

25                  Go ahead and answer.

1                   THE WITNESS: The only information was what  
2 I described previously. That's what caused the  
3 confrontation -- the investigation to be brought to a  
4 head and confront the doctor.

5 BY MS. GODDARD:

6                   Q     And what was that information?

7                   A     That he was -- I'm fuzzy here. But I will  
8 tell you that he was -- nurses had saw him in a state  
9 that they thought he could have posed great risk to the  
10 patients that he was supposed to be working on. And that  
11 caused them to stop this immediately and confront him.

12                  Q     At that point, that was in April of 2013.

13                  Correct?

14                  A     I think so.

15                  Q     If I look back at the records in the  
16 accusation, I think the date was April 3rd, 2013. Does  
17 that sound familiar?

18                  A     It does.

19                  Q     And you continually updated Ms. Tarbet on  
20 the investigation. Correct?

21                  A     When I was required to, yes.

22                  Q     You would have updated her about the  
23 confrontation with Dr. Dorin. Correct?

24                  A     I did.

25                  Q     Did you have a conversation with her about

1           A     I don't recall.

2           Q     Would you have stopped the videos on your  
3     own?

4                         MS. CHOW: Calls for speculation.

5                         Incomplete hypothetical.

6                         THE WITNESS: Probably.

7                         BY MS. GODDARD:

8           Q     You wouldn't have consulted Ms. Tarbet to  
9     get approval to stop the video?

10          A     I might have.

11          Q     Well, she was the one who gave you the  
12     direction.

13          A     To start it, m-hm.

14          Q     Correct. After you -- when you would update  
15     her about the investigation and tell her that you had  
16     some video of Dr. Dorin, did she ever tell you at that  
17     point to stop the video?

18          A     No, she did not.

19          Q     Did she tell you to continue the video?

20          A     Yes, she did.

21          Q     Did you explain to her at the time that the  
22     video evidence alone wasn't sufficient to confront  
23     Dr. Dorin?

24          A     It depends on what conversation you're  
25     talking about.

1 Q Did you ever explain that to her?

2 A Of course.

3 Q Was that toward the beginning, middle, or  
4 end of the investigation?

5 A Probably all three.

6 Q Despite that, Ms. Tarbet told you, continue  
7 taking the videos. Correct?

8 A Exactly.

9 Q Did she ever tell you why she wanted you to  
10 continue taking the videos even though having the video  
11 of Dr. Dorin putting drugs in his pocket wasn't enough?

12 A I don't recall.

13 Q And the reason why the video of Dr. Dorin  
14 putting drugs in his pocket wasn't enough to confront him  
15 was because you couldn't tell what drugs were being  
16 taken. Correct?

17 A No.

18 MS. CHOW: Misstates testimony and it's been  
19 asked and answered numerous times.

20 THE WITNESS: No.

21 BY MS. GODDARD:

22 Q Well, you had -- taking a look back at  
23 Exhibit 17, there are 15 incidents of video of Dr. Dorin  
24 putting drugs in his pocket over the course of -- between  
25 September 2002 and March 2013. Do you see that?

1           A    I don't see anything where it -- it says  
2 missing drugs. Is that what you're talking about?

3           Q    Yes.

4           A    I see we have video of Dr. Dorin putting  
5 something in his pocket and there were allegedly missing  
6 drugs.

7           Q    And the fact that drugs were missing and  
8 there was a video of Dr. Dorin wasn't enough for you to  
9 confront Dr. Dorin. Is that my understanding? That's my  
10 understanding of your testimony. Is that correct?

11          A    That is correct.

12          Q    You needed something more than that in order  
13 to confront him. Correct?

14          A    I did.

15          Q    So even though you needed something more,  
16 you continued to take videos in all three operating rooms  
17 for almost a year after September 2012. Correct?

18          A    Well, if you were to say September to March,  
19 it's a year --

20          Q    Well, you stopped taking video in June 2013.  
21 Correct?

22          A    Okay. We weren't monitoring video after  
23 March, I don't believe.

24          Q    But you were still taking it. Correct?

25          A    Well, I wasn't taking anything. I don't

1 even know that I knew that it was being taken.

2 Q Okay. So if you knew the video and the fact  
3 of missing drugs wasn't going to be enough to confront  
4 Dr. Dorin, even with 15 incidents documented, why did you  
5 keep taking the video?

6 A Two reasons: One, I was told to continue  
7 taking video; two, I had a lot of hope that we would be  
8 able to take the missing drugs, document where the drugs  
9 were, what they are, and where they didn't go, and then  
10 they were never accounted for. That's what I was hoping  
11 for.

12 Q At any point in time did you ever go to  
13 Ms. Tarbet and say we need to do something else because  
14 there's a patient safety issue and it's almost been a  
15 year and we still don't have any answers?

16 A Excuse me here. I'm losing my cancer cover.  
17 Would you say that again?

18 Q Sure.

19 At any point in time during the  
20 investigation, did you go to Ms. Tarbet and say we need  
21 to try something different because all we're getting is  
22 video we can't even use to confront him?

23 A I did not. I don't recall.

24 Q Did anyone from Sharp suggest -- did anyone  
25 from Sharp suggest that you couldn't let this

1 investigation where you were videotaping procedures in  
2 the operating rooms go on indefinitely?

3 A Did anybody say that to me?

4 Q Yes.

5 MS. CHOW: That misstates the facts and  
6 suggests we were purposely videoing procedures. That's  
7 not what we were doing.

8 BY MS. GODDARD:

9 Q They weren't purposely videoing proceedings?  
10 You put a camera in an operating room. Correct?

11 A Did I put a camera in an operating room?

12 Q You caused it to happen. Correct?

13 A Yes.

14 Q You caused a camera to be installed into an  
15 operating room. Correct?

16 A Yes.

17 Q You didn't take any actions to make sure  
18 that that camera didn't run when patients were having  
19 procedures taken in the operating room. Am I correct on  
20 that?

21 A I made procedures where the video was not  
22 available to anybody.

23 Q I understand.

24 A I didn't know what the video was looking at.  
25 When I saw the video, the video was focused on the cart.

1        It was not focused on anything else but the cart that had  
2        the drugs in it. It was not focused -- not a panoramic  
3        video showing the whole OR. It was dialed into this  
4        very, very limited range. That's the video that I saw.

5           Q        That's the video you saw. But you're now  
6        aware, based on Mr. Lewis's Declaration, that much more  
7        was captured on those videos than what you saw. Correct?

8           A        I know it now. I didn't know it then.

9           Q        You didn't go back and check to see if you  
10      were getting a limited view and not getting patients.  
11      Correct?

12           A        I had no reason to.

13           Q        You knew patients would be taken videos of.

14           A        I did not.

15           Q        You didn't know?

16           A        I did not know.

17           Q        Why not?

18           A        Because I saw the limited view I was looking  
19      at the -- at the narcotics cart.

20           Q        You didn't have any suspicion whatsoever  
21      that -- what would be the basis for you to believe that a  
22      camera in an operating room that was placed on a monitor  
23      with a moveable arm would never capture the image of a  
24      patient?

25           A        I didn't.

1                   Q     If you didn't believe that, why did you have  
2     a conversation with Ms. Tarbet at the outset of the  
3     investigation about patient privacy?

4                   A     Because it was --

5                   MS. CHOW: Asked and answered.

6                   THE WITNESS: I'm sorry.

7                   MS. CHOW: Go ahead.

8                   THE WITNESS: It was in a patient care area.  
9     It's something we don't do.

10    BY MS. GODDARD:

11                  Q     As you sit here today, you never believed  
12     that there were any patients captured on those videos?

13                  MS. CHOW: Misstates his testimony.

14                  THE WITNESS: I can't comment on that. I  
15     didn't believe at the time; that any video that was  
16     captured that we looked at was only designed and focused  
17     on the specific thing we were looking at. I had no  
18     expectation that we were videoing anything other than  
19     that. That was the primary focus.

20    BY MS. GODDARD:

21                  Q     I understand that was your primary focus.  
22     My question is different.

23                  Are you testifying under oath that, when you  
24     placed a video camera in three operating rooms that was  
25     motion sensitive -- triggered by motion detectors, that

1       you had no expectation that at any time a patient would  
2       be captured on that video?

3           A     I don't know.

4           Q     Okay. Did you do anything, other than --  
5       this is important.

6                   Did you do anything to prevent patient  
7       images from being captured on the video? Regardless of  
8       whether you limited access to the video, did you do  
9       anything to limit the video from capturing patient images  
10      in the first place?

11           A     I don't have that technical expertise.

12           Q     You couldn't --

13           A     No.

14           Q     -- you couldn't take that video without  
15      getting some patients in it. Correct?

16           A     What I could do was what --

17                   MS. CHOW: Incomplete hypothetical. Calls  
18      for speculation.

19                   THE WITNESS: What I could do is what I did.  
20       Any video that was taken was sequestered. Not to be  
21       observed by anybody. That when there was a call of an  
22       incident, that I would get that video clip and I would  
23       look at it then. And during that time, I saw no patients  
24       on those clips that I saw.

25       ///

1 BY MS. GODDARD:

2 Q I understand. I appreciate that.

3 But my question was: There was no way, with  
4 a video camera installed on a monitor, that you could  
5 prevent capturing patient images while they were being  
6 treated in the OR. Correct?

7 A I don't know that --

8 MS. CHOW: Asked and answered. And he  
9 already said he doesn't know.

10 THE WITNESS: I don't know if they could do  
11 it. I don't know. I don't have the technical expertise.

12 BY MS. GODDARD:

13 Q Had you known then during the investigation  
14 that the videos were going to capture images of women as  
15 described by Mr. Lewis -- exposed, their most vulnerable  
16 during procedures -- would you have asked Ms. Tarbet to  
17 stop the video sooner?

18 MS. CHOW: Calls for speculation.

19 Incomplete hypothetical. And asked and answered.

20 THE WITNESS: I didn't know.

21 BY MS. GODDARD:

22 Q I'm asking you if you had known.

23 A Would I have brought it to her attention?

24 Q Yes.

25 A I probably would have.

1           Q    Would you asked her to stop the video, for  
2 authorization to stop the video?

3                 MS. CHOW: Same objections.

4                 THE WITNESS: I would not.

5         BY MS. GODDARD:

6           Q    Why not?

7           A    Because I was directed to take the video.

8           Q    Would you ask her to change that direction  
9 in light of the knowledge that the video was capturing  
10 images of female patients during procedures at their most  
11 vulnerable?

12          A    I would have told her that we had seen it,  
13 that would have been the end of it. That would have been  
14 the limit of my discussion. Patient videos are showing  
15 up on the video, which I didn't, and I certainly would  
16 have brought that to her attention.

17          Q    Okay. Did Mr. LaBore ever tell you that he  
18 saw patient images on the videos?

19                 MS. CHOW: At what time frame?

20         BY MS. GODDARD:

21          Q    At any time?

22          A    After the investigation was over when he was  
23 doing his review.

24                 MS. GODDARD: Let's go off the record.

25                             (Discussion off the record)



# Exhibit 10

**(LODGED CONDITIONALLY UNDER SEAL)**

NOTES FROM MISSING DRUG CASE

Number of reported missing drug incidents:	39 Incidents
Number of reported missing drug incidents with video:	27 Incidents**
Number of times Dr. Dorin on video when reported missing drugs:	24 Incidents
Number of other people on video when reported missing drugs:	3 (different)
Type of known drugs missing when reported (After 2/4/13):	Propofol, Toradol, Zofran
Type of known missing drugs: (After 2/4/13):	Propofol—22 Toradol—1 Zofran—5 <b>Total: 28 [15 incidents]</b>

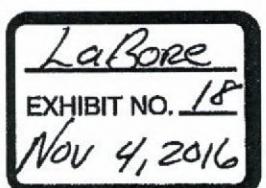
Number of drugs missing from 5/14/12 to 9/14/12: **Total: 54 [10 incidents]**

Zofran = 15  
Ephedrine = 1  
Lidocaine = 3  
Succinylcholine = 4  
Rocuronium = 2  
Reglan = 1  
Spinal Marcaine = 4  
Pepcid = 2  
Labetolol = 1  
Metoprolol = 1  
Inderal = 1  
Rocuronium = 1  
Toradol = 10  
→ Propofol = 4  
Ancef = 2  
Benadryll = 1

Number of drugs missing from 12/1/12 to 1/8/13: **Unknown [14 incidents]**

Admissions by Dr. Dorin:

1. Removed drugs from OR (OR#3)
2. Went into OR rooms with the nights off
3. Worked in the dark in OR rooms



CONFIDENTIAL

SHARP000082

EXHIBIT 10

**Known lies told by Dr. Dorin:**

1. Last time removed Propofol from OR was several months ago.
2. Dropped blue cap & needle in OR#3
3. What he did with missing drugs. {???

\*\* = Unknown how many missing drugs were taken per video incident.

**CONFIDENTIAL**

**EXHIBIT 10**

**195**

**SHARP000083**



# Exhibit 11

**(LODGED CONDITIONALLY UNDER SEAL)**

Missing Drugs  
Sharp Women's Center  
5555 Grossmont Center Drive  
La Mesa, CA 91942

On March 6, 2013, at approximately 1300 hours, Security Director Ray ALBRIGHT and I met with the Director of Women Services Lily PISEGNA and Surgery Supervisor Linda HAMEL in PISEGNA's office to discuss an ongoing investigation regarding missing drugs from the Women's Center 5555 Grossmont Center Drive, La Mesa CA 91942. I reviewed the information in this case by viewing the reported missing drug cases and the videos associated with those cases prepared by Investigator George SWEET.

BACKGROUND

Per Investigator SWEET's reports (Incident Report #SGH05092012-000548), on May 10, 2012, drugs had been discovered missing from the three Operation room's drug carts by the nurses.

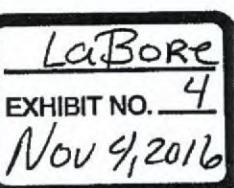
Per Investigator SWEET's reports, there was no written record of any of the missing drugs previous to May 2012 but both HAMEL and BABCOCK said the losses go back a few years. They will document any further drug shortages.

After that first meeting, a request was made to collect information on any missing drugs from this point. Linda HAMEL provided Investigator SWEET with a list of the following drugs that were missing:

DATE	DAY	LOCATION	COMMENTS
5/14/12	Mon	OR #3	Zofran (3), Ephedrine (1), Lidocaine 1% (2), Succinylcholine (2), Rocuronium (2)—Drs. Tamirisa/Dorin/Sullivan (weekend)
5/15/12	Tues	OR #2	Zofran (1)—Dr. Sullivan
5/17/12	Thur	OR #1	Reglan (1), Roblnul (1)—Dr. Diehl
5/22/12	Tues	OR #2	Zofran (8)—Dr. Sullivan
5/23/12	Wed	OR #2	Ephedrine (1), Zofran (3), Lidocaine 2% (1)—Dr. Diehl
5/25/12	Fri	OR #1	Spinal Marcaine (2)—Dr. Sullivan
6/4/12	Mon	OR #3	Pepcid (1), Labetolol (1), Metoprolol (1), Inderal (1), Rocuronium (1), Succinylcholine (2), Toradol (1), Propofol (3), Ancef (1), Lidocaine jelly (1)—Drs. Dorin, Diehl Tamirisa (weekend) 6 C-sections in OR #1 &#2.
6/5/12	Tues	OR #1	Propofol (1), Benadryl (1), Spinal Maralne (2)—Dr. Dorin
6/5/12	Tues	OR #3	Toradol (3), Pepcid (1), Ancef (1)—Dr. Dorin
9/14/12	Fri	OR #3	Toradol (6), —Dr. Dorin One case that day

Dr. DORIN, Dr. DIEHL, Dr. TAMIRISA and Dr. SULLIVAN are Anesthesiologists.

After this reported information, investigative steps were implemented in an attempt to identify the person or person(s) involved in the missing drugs



CONFIDENTIAL

SHARP000009

Per Investigator SWEET's report, the following drugs were restocked and possibly missing (highlighted) by Jana BABCOCK on 1/4/13 at 5:15 pm to Linda HAMEL:

OR #1: Phenylphrine (2), Dexameth (3), Propofol (1), Ancef (3), Benadryl (3), Zofran (11), Pepcid (4), Regian (1), Metopro (1), Inderal (1), Brevibloc (1), Toradol (1).

OR #2: Benadryl (1), Zofran (2), Pepcid (1), Inderal (1), Labetolol (1), Metoprolol (1), Brevibloc (1), 1 lido 1% (1), Propofol (3), Ancef (1).

OR #3: Lido 2% (1), Lido 1% (1), Dexameth (1), Propofol (8), Sux (1), Roc (1), Neo (1).

Note: BABCOCK said OR #2 was not used that day (or the night before). BABCOCK stocked OR #2 & OR #3 the day before and all 3 OR's on 1/4/2013.

Based on Investigator SWEET's notes, Dr. DORIN was identified in several of the videos when the missing drugs were reported.

#### INVESTIGATION

The below video clips were saved and showed Dr. DORIN in Operating Room #1, #2 and #3 on different dates and times. Dr. DORIN was seen by the drug cart(s) in the videos. I saw in several of the video clips that Dr. DORIN seldom turned on the overhead lights in the Operating room. I saw Dr. DORIN removing something from the drug cart(s) but due to the angle of the camera, I could not see the drug cart(s) or what he removed. I saw in several of the video clips, Dr. DORIN loading syringes with some type of drugs, then put the loaded syringes in his upper left front shirt pocket (or carried the syringe(s)), then leave the Operating room. I can see Dr. DORIN place additional items in his upper left front shirt pocket but it was difficult to tell what those items were at this time.

The following table was created regarding the video clips:

DATE	DAY	TIME	DESCRIPTION
9-14-12	Fri	12:34:48 am OR #3	Dr. Dorin in video at drug cart, removing items and poss. loading syringes, several of the items are placed in his upper shirt pocket. Walked out at 12:37:20 am. No lights on.
9-14-12	Fri	1:35:09 am OR #3	Empty office—No light on. No one seen
9-14-12	Fri	5:47:56 am OR #3	Dr. Dorin in video. On far wall, puts something in basket/can, walks to drug cart, and removed something, then walks to other side of room, grabbed clipboard. Walked out at 5:48:25 am. No lights on.
12-1-12	Sat	2:50:55 am OR #2	Unknown female in video. Outside hallway lights on. By drug cart & possible took something out of cart. Walked out at 2:51:10 am.
12-6-12	Thur	4:57:14 am	Poss. Dr. Peinado in video. Possibly removes something from drug

		<i>DR #3</i>	cart. Walked out at 4:57:19 am. No lights on.
12-10-12	Mon	11:12:54 pm <i>OR #1</i>	Dr. Dorin in video. Clip board in hand. Door closes. Very dark. By drug cart. Cannot see what is removed. Walked out at 11:13:15 pm. No lights on.
12-11-12	Tues	12:11:05 am <i>OR #3</i>	Dr. Dorin on video. Lights on. Removed several items from drug cart & puts in upper Lt shirt pocket. Walked out at 12:12:07 am. Turned lights off as he left.
12-16-12	Sun	2:50:05 am <i>OR #3</i>	Dr. Dorin in video. He is at drug cart. Putting something in his upper Lt shirt pocket. Poss. loading syringes. Walked out at 2:51:51 am. No lights on.
12-16-12	Sun	03:16:56 am <i>OR #3</i>	Dr. Dorin in video. He is at drug cart. Putting something in upper Lt shirt-pocket. Poss. loading syringes. Walked out at 3:17:48 am. No lights on. Has clipboard with him.
12-20-12	Thur	12:08:21 am <i>OR #3</i>	Dr. Dorin in video. He is at drug cart. Putting something in his upper Lt shirt pocket. Poss. loading syringes. Walked out at 12:10:40 am. No lights on. Grabbed clipboard on way out.
12-20-12	Thur	1:07:37 am <i>OR #3</i>	Dr. Dorin in video. He is at drug cart. Unsure what he took out. Walked out at 1:07:56 am. No lights on. Has clipboard with him.
12-21-12	Fri	4:12:45 am <i>OR #3</i>	Dr. Sullivan in video. Not by drug cart. Walked out at 4:12:51 am. No light on.
12-24-12	Mon	1:09:09 am <i>OR #2</i>	Dr. Dorin in video. Mask on. Lights on. Removes vial(s) from drug cart. Walks out at 1:09:18 am. Turned light off.
1-3-13	Thur	6:53:09 pm <i>OR #1</i>	Dr. Dorin in video. Mask on. Lights on. Prep work on computer. At 6:58:45 pm- at Drug cart. Loading several syringes (same movement Dr. does when in a dark room). At 7:01:27 pm, nurse in room, at 7:2:14 pm, patient in room—doing procedure in room. Video off 7:39:40 pm.
1-4-13	Fri	2:45:33 am <i>OR #3</i>	Dr. Dorin in video. At drug cart. Puts something in upper Lt shirt pocket. Has clipboard with him. Walked out at 2:45:54 am. No lights on.
1-8-13	Tues	12:27:00 am <i>OR #1</i>	Dr. Dorin in video. Lights on. At drug cart. Fills syringes. Puts something in upper Lt shirt pocket. Puts syringe in upper Lt shirt pocket. Walked out at 12:28:52 am
1-8-13	Tues	1:48:36 am <i>OR #1</i>	Dr. Dorin in video. Lights on. Removes something from drug cart and puts in upper Lt shirt pocket. Walked out at 1:48:44 am.

On March 7, 2013, at approximately 1400 hours, I talked with Linda HAMEL by telephone. In essence, she gave me the following information:

HAMEL said the following types drugs were discovered (commonly) missing since May 10, 2012.

**PROPOFOL (20ml vial):** Used as an anesthetic. Only an anesthesiologist would use this type of drug or a doctor/nurse would use this in a drip system in ICU. The patient's airway MUST be monitored when this drug is administered. Unknown cost. Can be placed in a shirt pocket. Unknown how many but several vials missing.

**ZOFRAN (2ml vial):** Anti-nauseous drug. A doctor, nurse, or anesthesiologist would use this type of drug to reduce the effects from anesthesia. Unknown cost. Can be placed in a shirt pocket. Unknown how many but several vials missing.

**TORADOL (1ml vial):** Anti-inflammatory (pain) drug (similar to MORTIN). A doctor, nurse, or anesthesiologist would use this type of drug. Unknown cost. Can be placed in a shirt pocket. Unknown how many but several vials missing.

**SODIUM BICARBONATE (50ml vial):** A doctor, nurse, or anesthesiologist would use this type of drug. Used in Code Blue cases and/or to buffer the effects from anesthesia. Unknown cost. Can be placed in a shirt pocket. Just a few vials were missing.

HAMEL said they have three (3) Operating rooms and two (2) Labor & Delivery room at the Women's Center.

Operating room #1 is used the most and that drug cart is well stocked.

Operation room #2 is used if Operation room #1 is in use and that drug cart is stocked according to use.

Operating room #3 is used the least and minimal drugs are stocked in the drug cart (this room is rarely used).

Per regulations, these drug carts are supposed to be locked at all times except when the Operating room is occupied and/or monitored. There is a key on the back of the drug carts to operate the lock. The drug carts are never locked because the anesthesiologists do not like to deal with a locked cart. There are no narcotics (controlled substances) stored in these drug carts. Labor & Delivery rooms have their own drug carts.

The Operating rooms and Labor & Delivery rooms are accessed by hospital staff only (not open access to the public). If a patient is occupying one of the Operating rooms, hospital staff is always in the Operating room during that time.

HAMEL said when drugs are used; the drugs are used in the operating room at the time a patient is being treated. She said there is no reason why a doctor would load syringes and removed the syringes (or drugs) from the different operating rooms.

It was around May 10, 2012 when the missing drugs from the drug carts became more frequent and noticeable, many of the anesthesiologists would complain to HAMEL that the drug carts did not have the proper drugs resupplied in them on a daily bases. It was the nurses' responsibilities to restock the drug carts. HAMEL could not tell me how many drugs or what kind were missing due to control issues.

After a short time, several of the nurses knew they had restocked the drug carts the day before, but the next day, drugs were missing even though there were not any medical procedures the previous day.

The control levels (PAR levels) in the drug carts were started on or about August 2012. HAMEL said she would have the drug carts stocked in the morning in each Operating room with the following drugs:

WC OR #1: Verapamil (1), Hydralazine (1), Cefotetan (2), Cefoxitin (2), Cloramycin (2), Gentamycin (2), Narcan (1), Romazicon (2), Phenergan (15), Zofran (15), Pepcid (8), Reglan (6), Inderal (1), Metoprolol (1), Labetolo (1), Brevibloc (1), Lanoxin (1), Robinul (8), Terbutaline (3), Phenylephrine syringe (4), Benadryl (6), Atropine (6), Ephedrine (15), Propofol (4), Toradol (6), Decadron (4), Lidocaine 2% (4), Neostigmine (2), Vecuronium (3), Succinylcholine (2), Rocuronium (1), Ancef (10), Epinephrine PLS (1), Atropine PLS (1), Lidocaine PLS (1), Albuterol inhaler (1), Nesacaine (6), Marcaine/epi (6), Marcaine (6), Lidocaine/epi (6), Pitocin (40), Epinephrine 1:1000 (10), Marcaine spinal (10).

WC OR #2: Hydralazine (2), Cefotetan (1), Cloramycin (2), Gentamycin (2), Narcan (2), Romazicon (1), Phenergan (5), Zofran (10), Pepcid (3), Reglan (3), Inderal (1), Metoprolol (1), Labetolo (1), Brevibloc (1), Lanoxin (1), Robinul (4) Lasix (1), Phenylephrine (3), Phenylephrine syringe (4), Benadryl (6), Atropine (6), Ephedrine (6), Propofol (9), Toradol (6), Decadron (4), Lidocaine 1% (4), Lidocaine 2% (4), Neostigmine (2), Vecuronium (2), Succinylcholine (1), Rocuronium (1), Ancef (10), Epinephrine PLS (1), Atropine PLS (1), Lidocaine PLS (1), Albuterol inhaler (1), Sodium bicard (2), Nesacaine (5), Marcaine/epi (5), Marcaine (5), Lidocaine/epi (5), Pitocin (25), Epinephrine 1:1000 (10), Marcaine spinal (10), D5OW 50ml. (1).

WC OR #3: Verapamil (1), Hydralazine (1), Cefotetan (2), Cefoxitin (2), Cloramycin (2), Gentamycin (2), Narcan (2), Romezicon (1), Phenergan (15), Zofran (15), Pepcid (6), Reglan (6), Inderal (1), Metoprolol (1), Labetolo (1), Brevibloc (1), Lanoxin (1), Robinul (8), Lasix (1), Phenylephrine (3), Phenylephrine syringe (4), Benadryl (6), Atropine (10), Ephedrine (10), Propofol (9), Toradol (6), Decadron (4), Lidocaine 1% (4), Lidocaine 2% (4), Neostigmine (3), Vecuronium (6), Succinylcholine (2), Rocuronium (2), Ancef (10), Epinephrine PLS (1), Atropine PLS (1), Lidocaine PLS (1), Albuterol Inhaler (1), Nesacaine (4), Marcaine/epi (4), Marcaine (4), Lidocaine/epi (4), Pitocin (20), Epinephrine 1:1000 (10), Marcaine spinal (10).

About three months ago (she did not remember the exact date), around 4:00pm or 5:00 pm, HAMEL was in her office. She saw Dr. DORIN come out of Operating room #2 carrying 3 vials of Lidocaine or Marcaine (30ml vials). [These drugs are used for local anesthetic and antiarrhythmic] She asked Dr. DORIN what he was doing with the drugs. There had not been any medical procedures that day in the operating rooms.

HAMEL said Dr. DORIN told her that he was restocking the Labor & Delivery drug cart. She explained to Dr. DORIN that by removing drugs from the operating room was not proper protocol. She explained to Dr. DORIN that the patient in Labor & Delivery would not be billed properly and her department would absorb the cost for the drugs. She believed that Dr. DORIN took the drugs anyway.

HAMEL said another nurse, Brandi SURPRISE, saw Dr. DORIN remove drugs for one of the operating room recently.

HAMEL said when Dr. DORIN worked at the hospital, his work hours would be between 4:00 pm and 7:00 am. He would be on property for approximately a 12 hour shift when he was at work.

I gave HAMEL the dates and times from the video clips where Dr. DORIN was seen removing possible drugs from the operating rooms during his shift. She will try and verify that Dr. DORIN was working on those dates. She will also see if Dr. DORIN treated any patients on those dates as well.

I ended my interview with HAMEL at this time.

On March 11, 2013, at approximately 1040 hours, I met with Linda HAMEL in person at the Women's Center 5555 Grossmont Center Drive, La Mesa, CA 91942 in Lily PISEGNA's office. Hamel gave me the list of drugs that are stocked daily in the three Operation Room drug carts. (See above list for details). She said since a different nurse restocks each drug cart daily, it would be difficult to tell what drugs are missing except for the days when the same nurse does the restock on back-to-back days.

HAMEL provided me with Dr. DORIN's work schedule on specific days that I requested:

DATE	COMMENTS
9-14-12	Dr. Dorin was on duty. One case in OR #1. Started 9/13 at 2144 hrs. Ended at 0012 hours
12-1-12	Dr. Dorin was not scheduled to work. Dr. Diehl was on duty unless they switched. No cases
12-6-12	Dr. Dorin was not scheduled to work. Dr. Pelnado was on duty unless they switched. One case that started at 0457 hours in OR #1.
12-10-12	Dr. Dorin on duty. One case in OR #1 ended at 1926 hours.
12-11-12	Dr. Dorin on duty. Two cases in OR #1. They started 0005 hours on 12/12/12.
12-16-12	Dr. Dorin on duty. One case in OR #1. Started at 0336 hours
12-20-12	Dr. Dorin on duty. No cases.
12-21-12	Dr. Dorin on duty. No cases.
12-24-12	Dr. Dorin on duty. One case in OR #1. Started at 0002 hours. One case in OR#2. Started at 0514 hours.
1-3-13	Dr. Dorin on duty. One case in OR #2. Started at 1902 hours
1-4-13	Dr. Dorin on duty. No cases.

1-8-13	Dr. Dorin was not scheduled to work. Dr. Sullivan was supposed to be on duty unless they switched. No cases.
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I reviewed the seventeen (17) video clips taken from OR #1, OR #2 and OR #3 with HAMEL. She verified which videos were from which Operating Rooms. She identified Dr. DORIN in the videos dated 9-14-12, 12-11-12, 12-16-12, 12-20-12, 12-24-12, 1-3-13, 1-4-13, and 1-8-13.

HAMEL said Dr. SULLIVAN was in the video dated 12-21-12. She said Dr. PEINADO was in the video dated 12-6-12. She was unable to identify the person in the video dated 12-10-12 because it was too dark (might be Dr. DORIN). She was unable to identify the person in the video dated 12-1-12 but did not believe it was Dr. DORIN. She said that person may be a female.

HAMEL said the following drugs were missing from the Operation Rooms:

DATE	OR #	COMMENTS
2-4/5-13	OR #2 OR #3	Missing one (1) Propofol from each OR. Dr. Dorin on duty. One case in OR #2 on 2/4/13. Started at 1551 hours and ended at 1717 hours.
2-6/7-13	OR #1	Missing one (1) Toradol, one (1) Propofol, & one (1) Zofran. Dr. Dorin on duty. One case in OR #1 on 2/6/13. Started at 1600 hours and ended at 1756 hours.
2-18/19-13	OR #2	Missing four (4) Zofran, & three (3) Propofol. Dr. Dorin on duty. One case in OR#1. Started at 0153 hours (on 1/19/13).

I ended my interview with HAMEL.

I located the following video clips regarding the above dates:

DATE	Day	TIME	COMMENTS
2-6-13	Wed	09:37:13 pm OR #2	Dr. Dorin in video & at drug cart, Removed something from cart & placed in upper t shirt pocket. Out at 09:37:47 pm. No light on.
2-7-13	Thru	01:08:58 am OR #3	Dr. Dorin in video & at drug cart, Put something in his upper t shirt pocket.
2-18-13	Mon	9:38:23 pm OR #2	Very dark. Possible Dr. Dorin in video. Unable to see if anything removed.
2-19-13	Tue	12:48:34 am OR #2	Very dark. Possible Dr. Dorin in video. Something removed from drug cart.

On March 13, 2013, at approximately 0900 hours, I talked with Linda HAMEL by telephone. I requested additional information on which operating room were in use on the above dates. HAMEL clarified information I had regarding missing drugs from May 2012 and January 4, 2013.

On March 20, 2013, at approximately 0930 hours, I talked with Linda HAMEL by telephone. I obtained information on the OR cases from February 4, 2013 to February 19, 2013. In essence, she told me the following:

HAMEL was in her office yesterday (March 19, 2013) at approximately 1705 hours when she saw Dr. DORIN walk out of OR #3. She asked RN Serena WONG if she had stocked the drug cart in OR #3 that day. WONG told HAMEL that she stocked the drug cart in OR#3 at approximately 4:30 pm that day.

HAMEL asked WONG to check the drug cart in OR #3 and see if anything was missing. WONG told HAMEL that one (1) Propofol was missing from the drug cart in OR #3.

HAMEL said Dr. DORIN started a procedure in OR #1 that day at approximately 1714 hours. HAMEL said another nurse, Gall HENDERSON had stocked OR #1 and OR #2 at approximately 1630 hours that day.

I asked HAMEL about the drug carts in the Labor and Delivery rooms. She said she did not have that information on what drugs are stored in those drug carts. Sharon WHITE (619-740-4924) is in charge of the Labor and Delivery rooms. I would have to contact WHITE for that information. HAMEL said Propofol would not be used in Labor and Delivery rooms.

I ended my interview with HAMEL at this time.

I reviewed the video from OR #3 on March 19, 2013 from approximately 1625 hours till 1715 hours. I located the video that showed RN WONG stocking the drug cart in OR #3. I identified WONG by her Sharp ID badge photo.

WONG entered OR #3 to restock the drug cart at approximately 4:27:02 pm. (Note: Another unidentified nurse was already in OR # 3 at approximately 4:23:43 pm but did not go near the drug cart and left the room during the time WONG was in and out of OR #3)

I saw WONG leave and reentered OR #3 five (5) times as she restocked the drug cart. WONG left OR #3 at approximately 4:39:40 pm. The video turned off at approximately 4:42:42 pm. No one entered OR #3 after WONG left prior to the video turning off. While WONG was in and out of OR #3, I saw no one else entered OR #3.

On March 19, 2013, at approximately 5:02:59 pm, I saw Dr. DORIN on the video in OR #3. I saw Dr. DORIN place several items in his upper left shirt pocket. It appeared that some of the item(s) came from the drug cart. I saw Dr. DORIN leave OR #3 at approximately 5:03:32 pm.

I saw RN WONG enter OR #3 at approximately 5:04:14 pm. No one else entered OR #3 after DR. DORIN left. I saw WONG check the drug cart. At approximately 5:05:21 pm, I saw WONG leave OR #3. The video turned off at approximately 5:08:22 pm. No one entered OR #3 after WONG left prior to the video stopping.

I review the video from OR #1 for March 19, 2013 between approximately 1624 hours to 1811 hours.

At approximately 4:24:00 pm, I saw RN Gall HENDERSON in OR #1 on video. I identified HENDERSON by her Sharp ID photo. It appeared that HENDERSON was restocking the drug cart. She left OR #1 at approximately 4:24:58 pm. The video stopped at approximately 4:27:58 pm hours. I did not see anyone except HENDERSON on the video in OR #1 during this time.

At approximately 4:38:17 pm, I saw HENDERSON in OR #1 on the video. She left OR #1 at approximately 4:38:25 pm and returns at 4:28:59 pm. It appeared that HENDERSON is restocking the drug cart. She left OR #1 at approximately 4:40:58 pm and returned at approximately 4:41:58 pm. She left OR #1 at approximately 4:42:19 pm and turned out the lights. The video stopped at approximately 4:45:21 pm. I did not see anyone except HENDERSON on the video in OR #1 during this time.

At approximately 4:46:49 hours, the video came on in OR #1 but I did not see anyone inside OR #1. The room had the lights off. The video turned off at approximately 4:49:31 hours.

At approximately 4:54:53 pm, I saw an unknown nurse in OR #1 video. It appeared that the nurse is prepping the room for a procedure.

At approximately 4:57:16 pm, A second unknown nurse enters OR #1. The second nurse appeared to be prepping OR #1. I did not see either nurse by the drug cart. The video ends at approximately 5:00:20 pm. (It appears that the nurses are still in OR #1)

At approximately 5:01:52 pm, the OR #1 video started again. I saw a nurse leaving OR #1. Over the next 8 minutes, I saw several nurses enter and/or leave OR #1. It appeared that the nurses are prepping OR #1 for a procedure.

At approximately 5:09:15 pm, I saw RN WONG at the drug cart on the video in OR#1. It appears that she is prepping the area for a procedure.

At approximately 5:13:31 pm, I saw Dr. DORIN enter OR #1 on the video. I saw Dr. DORIN work in the area next to the drug cart. It appeared that he removed several items from the drug cart. I saw something in his upper left shirt pocket (and it appears full) but I never saw him remove anything from his upper left shirt pocket. It appeared that Dr. DORIN is loading syringes with unknown drugs.

*Sgt. Paul Hink*

At approximately 5:14:42 pm, I saw a patient brought into OR #1 on the video. The video ran till approximately 6:11:15 pm. I saw Dr. DORIN on the video along with unknown nurses, and other people. When the video ended, the patient was still in the room.

Below is a table that describes the above events:

DATE	DAY	TIME	COMMENTS
3/19/13	Tues	4:24:00 pm OR#1	RN HENDERSON stocking drug cart. Left at 4:24:58 pm. Video stops at 4:27:58 pm
3/19/13	Tues	4:27:02 pm OR #3	RN WONG stocking drug cart. Left at 4:39:40 pm. Video off at 4:42:42 pm
3/19/13	Tues	4:38:17 pm OR#1	RN HENDERSON stocking drug cart. Left at 4:42:19 pm & turning lights off. Video stops at 4:45:21 pm
3/19/13	Tues	4:46:49 pm OR#1	Video on but cannot see anyone. Video off at 4:49:31 pm.
3/19/13	Tues	4:54:53 pm OR#1	Unknown nurse(s) working in OR#1. No one seen by drug cart. Video ends at 5:00:20 pm
3/19/13	Tues	5:01:52 pm OR#1	Nurses working in OR#1. Continues till 6:11:15 pm when video stops.
3/19/13	Tues	5:02:59 pm OR#3	Dr. DORIN in video. See him putting several items into upper left shirt pocket. Some items from drug cart. Leaves at 5:03:32 pm. Video never stopped. Seen leaving OR#3 by RN HAMEL.
3/19/13	Tues	5:03:32 pm OR#3	WONG in video. Checking drug cart. Leaves at 5:05:21 pm. Video off at 5:08:22 pm.
3/19/13	Tues	5:09:15 pm OR#1	WONG in video. Working at drug cart doing prep work. This video stops at 6:11:15 pm.
3/19/13	Tues	5:13:31 pm OR#1	Dr. DORIN in video. At drug cart working. See him loading syringes with unknown drugs. Never see him take anything out of upper left shirt pocket. The video stops at 6:11:15 pm.

On March 26, 2013, at approximately 0910 hours, I talked with Linda HAMEL by telephone. In essence, she told me the following:

On March 21, 2013, at approximately 3:00 pm, RN Jana BABCOCK stocked OR #3.

At approximately 3:45 pm, BABCOCK saw Dr. DORIN leave OR#3. BABCOCK told HAMEL, then BABCOCK entered OR#3 to check the drug cart. BABCOCK discovered 2 bottles of Propofol gone. BABCOCK reported this information to HAMEL.

On March 22, 2013, BABCOCK arrived at work at approximately 6:30am. In the morning, BABCOCK checked OR#3 drug cart. She discovered 3 more bottles of Propofol were gone. She reported this to HAMEL.

HAMEL said Dr. DORIN was the overnight anesthesiologist but did not have any cases in OR#1, #2 or#3 while he was at work. HAMEL said there was a procedure in OR#1 that ended at

approximately 3:40 pm on March 21, 2013, another procedure on OR#1 at approximately 4:10 pm, and another procedure in OR#2 at approximately 5:31 pm in OR#2. Dr. DORIN did not work on any of those procedures.

HAMEL later told me that Dr. PEINADO was scheduled to be the overnight anesthesiologist, not Dr. DORIN. She did not know why they switched.

I ended my interview at this time.

I reviewed the video in OR#3 for March 21, 2013. The camera angle had changed and there was no video from 12:59 pm to 9:09 pm for March 21, 2013. The video(s) from March 21, 2013 at approximately 9:09 pm till March 22, 2013, at approximately 4:11 pm showed only a wall or was dark.

I did locate a video in OR#2 on March 21, 2013 at approximately 3:42:14 pm. I saw RN Brandi SURPRISE restocked the drug cart in OR#2. I saw that SURPRISE left OR#2 at approximately 3:50:27 pm.

At approximately 3:44:22 pm, I saw Dr. DORIN on the video in OR#2. Dr. DORIN opened the drug cart door, and then closed it quickly. At approximately 3:44:32 pm, Dr. DORIN left OR#2.

At approximately 3:46:59 pm, I saw SURPRISE enter OR#2 and continued to restock the drug cart. At approximately 3:47:25 pm, SURPRISE left OR#2.

A copy of this video was retained.

At approximately 1030 hours, I talked with HAMEL by telephone. I explained to her about the missing video(s) and asked her about the events in OR#2. HAMEL said it was RN Brandi SURPRISE that was stocking OR#2 when Dr. DORIN walked into OR#2. SURPRISE told Dr. DORIN not to take anything out of OR#2 (drug cart) because she was stocking it. HAMEL said SURPRISE told her that DR. DORIN left OR#2 and went into OR#3.

I ended my interview at this time.

On March 27, 2013, at approximately 1445 hours, I received a telephone call from Linda HAMEL. In essence, she told me the following:

She said she was just contacted by RN Jana BANCOCK regarding another incident with Dr. DORIN. BABCOCK told HAMEL at approximately 12:30 pm today, Dr. DORIN was scheduled to do a "C" Section procedure in OR#1. They could not find Dr. DORIN. BABCOCK told HAMEL that she called Dr. DORIN on his cell phone. Dr. DORIN did not answer. BABCOCK left a message.

BABCOCK told HAMEL at approximately 12:40 pm, Dr. DIEHL (another anesthesiologist) came into OR#1. BABCOCK told Dr. DIEHL that she could not find Dr. DORIN. Dr. DIEHL asked

BABCOCK if she called Dr. DORIN on his cell phone. BABCOCK told Dr. DIEHL that she did call Dr. DORIN on his cell phone but he did not answer. Dr. DIEHL told BABCOCK that he would prep the area until Dr. DORIN arrived.

BABCOCK asked Dr. DIEHL if Dr. DORIN was at his other business. Dr. DIEHL told BABCOCK that Dr. DORIN was "not feeling well" and that "he was sleeping". Dr. DIEHL ended up assisting in the procedure instead of Dr. DORIN.

BABCOCK told HAMEL that at approximately 2:07 pm, she saw Dr. DORIN walking into the unit. She made a comment to Dr. DORIN about "missing him" in the early procedure. BABCOCK said Dr. DORIN did not say anything to her and went into OR#2. Dr. DORIN closed the door to OR#2 behind him.

BABCOCK told HAMEL that she moved to an area where she could watch Dr. DORIN inside OR#2. BABCOCK saw Dr. DORIN removed three (3) vials of Propofol from the drug cart. She said she saw Dr. DORIN take something else and a syringe. BABCOCK told HAMEL that she saw that Dr. DORIN was coming out of OR#2 so she moved out of sight. BABCOCK saw Dr. DORIN leave the unit.

HAMEL said she had BABCOCK enter OR#2 and check the drug cart. BABCOCK said there were only three (3) vials of Propofol left in the drug cart. HAMEL said the drug cart was stocked yesterday so they did not have an accurate count.

I ended the interview with HAMEL at this time.

I checked the video in OR#2 for March 27, 2013, between 1400 hours and 1445 hours.

At approximately 2:05:47 pm, I saw Dr. DORIN in OR#2 on the video. I saw Dr. DORIN removed two (2) vials from the drug cart and place the vials in upper left shirt pocket. I saw Dr. DORIN remove additional items that appear to be syringes and place them in his upper left shirt pocket as well. At approximately 2:06:13 pm, I saw Dr. DORIN leave OR#2. No one else is on the video. The video stopped at approximately 2:09:14 pm.

At approximately 2:28:36 pm, I saw an unidentified nurse working in OR#2 on the video. I did not see that nurse go near the drug cart. That nurse left OR#2 at approximately 2:28:51 pm.

At approximately 2:31:47 pm, I saw RN BABCOCK entered OR#2 on the video. I recognized BABCOCK from her Sharp ID Photo. I saw BABCOCK open the drawer to the drug cart, look inside, and then close the door. At approximately 3:31:54 pm, I saw BABCOCK leave OR#2. No one else entered OR#2. The video stopped at approximately 2:34:55 pm.

I make copies of the above videos.

On March 28, 2013, at approximately 1100 hours, I talked with Lily PISEGNA by telephone. In essence, she told me the following:

PISEGNA verified that Dr. DORIN missed his surgery that was scheduled at 12:30 pm that day. She said on most days, they have two (2) anesthesiologists on duty. One is assigned to the Deck (Labor & Delivery) and the other assigned to the OR. Sometimes there is only one anesthesiologist covering both the Deck and OR.

PISEGNA said she verified that Dr. DORIN left the hospital at approximately 4:00 pm. She discovered that Dr. DORIN did an epidural procedure around 2:30 pm in Labor & Delivery. She verified that the drugs used in the epidural were a combination of Bupivacaine 0.125%/Fentanyl. There was no Propofol used during the epidural.

PISEGNA added that the Lead Nurse told her the Dr. DORIN looked distraught yesterday.

I ended my interview with PISEGNA at this time.

At approximately 1500 hours, I met with Lily PISEGNA in person at Grossmont Hospital. She gave me a copy of the patient record that Dr. DORIN treated on March 27, 2013. I removed the patient's name from the 3 page record. The pages include a print-out from the Pyxis MedStation System for March 27, 2013, an activity report by selected users for March 27, 2013, and Dr. DORIN's note from the procedure on March 27, 2013.

The Pyxis MedStation System report indicated that Dr. DORIN removed Bupivacaine 0.125%/Fentanyl at 1431 hours on March 27, 2013.

I reviewed the list of drugs that are stocked in OR#1, OR#2, and OR#3. The drugs Bupivacaine 0.125%/Fentanyl are not stocked in the operating rooms.

On April 3, 2013, at approximately 1135 hours, I received a telephone call from Lily PISEGNA. She told me she had additional reports that I requested and they had another incident of missing drugs. She explained to me about the missing drugs. I agreed to come out to Grossmont hospital that day.

At approximately 1230 hours, I met with Lily PISEGNA in her office at the Women's Center, at Grossmont hospital. She gave me copies of the Pyxis system reports for the dates of: Sept 14, 2012, December 10, 2012, December 11, 2012, December 16, 2012, December 20, 2012, December 24, 2012, January 3, 2013, January 4, 2013, January 8, 2013, February 6, 2013, February 7, 2013, February 18, 2013, February 19, 2013, March 19, 2013, and March 27, 2013. All these Pyxis reports were from Dr. DORIN's log-in records for the listed days. There was no report for May 10, 2012 in the Pyxis system from Dr. DORIN. On these dates, drugs were reported missing from one or more Operating Rooms in the Women's Center at Grossmont hospital.

These reports were from when Dr. DORIN was assigned to do procedures in the "Deck" position [Labor & Delivery (GLD-1) and PACU (GWCPACU)]. The anesthesiologist notes from Dr. DORIN cases are still pending.

In essence, PISEGNA told me about a new incident involving the missing drugs:

PISEGNA said she was notified today at approximately 9:15 am from Sharon WHITE the five (5) Propofol vials were missing from the drug cart in OR#3. The missing drugs were discovered by RN Dolly TANCIOCO at approximately 7:00 am today (April 3, 2013). PISEGNA said she received information that RN Gail HENDERSON stocked OR#3 the day before (April 2, 2013) at approximately 7:00 pm with ten (10) Propofol. The total of five (5) Propofol vials was missing.

PISEGNA said that none of the Operating Rooms had any procedures from April 2, 2013 at approximately 4:00 pm till April 3, 2013, at approximately 6:00 am.

PISEGNA added the following information:

PISEGNA said at approximately 9:00 am, she talked with RN Coleen BURKS by telephone. BURKS told her that Dr. DORIN was missing a scheduled "C" section at 7:30 am today (April 3, 2013). BURKS told PISEGNA that BURKS paged and called Dr. DORIN. Dr. DORIN told BURKS that he was "super tired" and that he was covering for Dr. DIEHL. Dr. DORIN told BURKS that he was doing two (2) epidural procedures right now.

BURKS told PISEGNA that she was concerned about how Dr. DORIN sounded on the telephone and that he kept complaining about "how tired" he was this morning. BURKS told PISEGNA that there were seven (7) additional procedures that needed to be completed that morning already on the schedule (four were "C" sections and the rest were GYN cases). BURKS said she called Dr. PEKHAM and reported her observations of Dr. DORIN and about the pending cases. BURKS said Dr. PEKHAM did not appear to be concerned.

Based on this conversation, PISEGNA made sure there was another anesthesiologist available in case Dr. DORIN needed assistance. At approximately 9:00 am, PISEGNA talked with BURKS again by telephone. BURKS told her that Dr. DIEHL was now at the Women's Center, and Dr. DORIN was handling the epidural cases.

I ended my interview with PISEGNA at this time.

I went back to the office and researched the videos in OR#3 and review the paperwork.

I reviewed the Pyxis Medstation System report for Dr. DORIN for April 2, 2013 and April 3, 2013. In essence, the below table has the listed information:

DATE	TIME	COMMENTS	PATIENT
4/2/13	04:34 am	Removed ceFAZolin [ANCEF] 2 GM/20 ML PLS.	#1
4/2/13	04:35 am	Removed MORPHINE PF [DURAMORPH] 10 MG/10 ML AMP/VIAL .	#1
4/3/13	02:24 am	Unsure if AM or PM. Removed ceFZolin [ANCEF] 2 GM/20 ML PLS	#2
4/3/13	02:24 am	Unsure if AM or PM. Removed MDRPHINE PF [DURAMORPH] 10 MG/10 ML AMP/VIAL.	#2
4/3/13	07:38 am	Unsure if AM or PM. Removed MORPHINE PF [DURAMORPH] 10 MG/10 ML AMP/VIAL.	#3
4/3/13	09:03 am	Unsure if AM or PM. Removed BUPIVACAINE 0.125%/FENTNYL SYR(2) [BUPIVACANIE 0.125%/FENTNYL SYR] 100 MCG/50 ML PLS (override)	#4

I reviewed the information regarding work that Dr. DORIN completed at Labor & Delivery or PACU. On the below listed dates is when there was reported drugs missing from the Women's Center operating rooms. The below table has the listed information:

DATE	TIME	STATION	DRUGS	Comments
09/14/12	1:02 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #1
09/14/12	6:08 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #2
9/14/12	6:32 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #3

DATE	TIME	STATION	DRUGS	Comments
12/10/12	17:48 pm	GWCPACU	Midazolam 5 MG 1 ML VIAL	Patient #1
12/10/12	17:47 pm	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #1
12/10/12	17:47 pm	GWCPACU	ceFAZolin 2 GM 20 ML PLS	Patient #1

DATE	TIME	STATION	DRUGS	Comments
12/11/12	1:59 am	GLD-1	FENTANYL 100 MCG 2 ML AMP/VIAL	Patient #1
12/11/12	7:22 am	GPSC-OR	PROPOFOL 200 MG 20 MLSYR/VIAL	ANESTHESIA CART
12/11/12	7:23 AM	GPSC-OR	FENTANYL 100 MCG 2 ML AMP/VIAL	ANESTHESIA CART

DATE	TIME	STATION	DRUGS	Comments
12/12/12	0:47 am	GWCPACU	MIDAZOLAM 2 MG 2 ML VIAL	Patient #1
12/12/12	3:16 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #2
12/12/12	3:17 am	GLD-1	FENTANYL 100 MCG 2 ML AMP/VIAL	Patient #2
12/12/12	5:18 am	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #3
12/12/12	10:43 am	GWCPACU	ceFAZolin 2 GM 20 ML PLS	Patient #4
12/12/12	10:44 pm	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #4
12/12/12	13:02 am	GWCPACU	ceFAZolin 2 GM 20 ML PLS	Patient #5
12/12/12	13:03 am	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #5

DATE	TIME	STATION	DRUGS	Comments
12/16/12	0:58 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #1
12/16/12	1:27 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #2
12/16/12	3:38 am	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #3
12/16/12	4:57 am	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #4
12/16/12	4:57 am	GWCPACU	ceFAZolin 2 GM 20 ML PLS	Patient #4

DATE	TIME	STATION	DRUGS	Comments
12/20/12	2:50 am	GWCPACU	ceFAZolin 2 GM 20 ML PLS	Patient #1
12/20/12	2:50 am	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #1

DATE	TIME	STATION	DRUGS	Comments
12/21/12	18:59 pm	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #1
12/21/12	19:00 pm	GWCPACU	ceFAZolin 2 GM 20 ML PLS	Patient #1

DATE	TIME	STATION	DRUGS	Comments
12/24/12	0:03 am	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #1
12/24/12	0:04 am	GWCPACU	MIDAZOLAM 2 MG 2 ML VIAL	Patient #1
12/24/12	5:50 am	GWCPACU	MIDAZOLAM 2 MG 2 ML VIAL	Patient #2
12/24/12	5:51 am	GWCPACU	FENTANYL 100 MCG 2 ML AMP/VIAL	Patient #2

DATE	TIME	STATION	DRUGS	Comments
12/25/12	12:49 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #1
12/25/12	13:16 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #2
12/25/12	8:27 am	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #3
12/25/12	8:28 am	GWCPACU	MIDAZOLAM 2 MG 2 ML VIAL	Patient #3
12/25/12	20:40 pm	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #4
12/25/12	20:41 pm		FENTANYL 100 MCG 2 ML AMP/VIAL	Patient #4

DATE	TIME	STATION	DRUGS	Comments
1/3/13	8:12 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #1
1/3/13	11:20 am	GLD-1	FENTANYL 100 MCG 2 ML AMP/VIAL	Patient #2
1/3/13	12:36 pm	GLD-1	FENTANYL 100 MCG 2 ML AMP/VIAL	Patient #2
1/3/13	16:06 pm	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #3
1/3/13	18:13 pm	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #4
1/3/13	18:53 pm	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #2
1/3/13	22:03 pm	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #5

DATE	TIME	STATION	DRUGS	Comments
1/4/13	0:55 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #1

DATE	TIME	STATION	DRUGS	Comments
1/8/13	0:01 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #1
1/8/13	1:45 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #2
1/8/13	4:45 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #3

DATE	TIME	STATION	DRUGS	Comments
2/6/13	16:08 pm	GWCPACU	ceFAZolin 2 GM 20 ML PLS	Patient #1
2/6/13	16:08 pm	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #1
2/6/13	20:29 pm	GLD-1	Bupivacaine 0.125%SDV 30 ML VIAL	Patient #2
2/6/13	21:34 pm	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #3

DATE	TIME	STATION	DRUGS	Comments
2/7/13	1:38 am	GWCPACU	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #1
2/7/13	3:17 am	GWCPACU	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #2
2/7/13	20:17 pm	GLD-1	Bupivacaine 0.125%SDV 30 ML VIAL	Patient #3
2/7/13	20:18 pm	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #3

DATE	TIME	STATION	DRUGS	Comments
2/18/13	7:37 am	GLD-1	Bupivacaine 0.125%SDV 30 ML VIAL	Patient #1
2/18/13	10:32 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #2
2/18/13	11:51 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #3
2/18/13	12:20 pm	GLD-1	FENTANYL 100 MCG 2 ML AMP/VIAL	Patient #2
2/18/13	14:55 pm	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #4
2/18/13	16:26 pm	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #5**
2/18/13	16:26 pm	GLD-1	Bupivacaine 0.125%SDV 30 ML VIAL	Patient #5**
2/18/13	21:11 pm	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #6
2/18/13	21:31 pm	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #7
2/18/13	21:31 pm	GLD-1	FENTANYL 100 MCG 2 ML AMP/VIAL	Patient #7

DATE	TIME	STATION	DRUGS	Comments
2/19/13	0:30 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #1
2/19/13	1:08 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #2
2/19/13	1:36 am	GWCPACU	MORPHINE PF 5 MG S ML SYRINGE	Patient #5**
2/19/13	1:37 am	GWCPACU	MIDAZOLAM 2 MG 2 ML VIAL	Patient #5**
2/19/13	1:37 am	GWCPACU	ceFAZolin 2 GM 20 ML PLS	Patient #5**
2/19/13	4:23 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #3
2/19/13	4:55 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #4
2/18/13	7:06 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #6
2/19/13	7:06 am	GLD-1	Bupivacaine 0.125%SDV 30 ML VIAL	Patient #6

DATE	TIME	STATION	DRUGS	Comments
3/19/13	10:37 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #1
3/19/13	11:07 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #2

3/19/13	13:50 pm	GLD-1	Bupivacanle 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #3
3/19/13	16:03 pm	GLD-1	Bupivacanle 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #4
3/19/13	17:13 pm	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #5
3/19/13	19:19 pm	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #4
3/19/13	19:20 pm	GWCPACU	ceFAZolin 2 GM 20 ML PLS	Patient #4

DATE	TIME	STATION	DRUGS	Comments
3/27/13	14:31 pm	GLD-1	Bupivacanle 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #1

None of the missing drugs were used in the above cases except the case in GPSC-OR on December 11, 2012 (Propofol). No missing drugs were reported on December 12, 2012, December 21, 2012, or December 25, 2012. (Information on those dates are included above)

At approximately 1515 hours, I received a telephone call from PISEGNA. In essence, she told me the following:

PISEGNA said she was just contacted by RN Jana BABCOCK and Scrub Technician Krista VERYSON. They told her at approximately 12:30 pm (the actual time was approximately 2:20 pm) today, they had checked the drug cart in OR#3. BABCOCK told PISEGNA that she (BABCOCK) discovered only two (2) vials of Propofol in the drug cart. BABCOCK told PISEGNA that she wanted to put a total of nine (9) Propofol vials in the drug cart but was only able to receive two (2) additional bottles from the Pyxis machine at this time [a total of four (4) Propofol were now in OR#3].

PISEGNA said BABCOCK told her that approximately 10 minutes after she stocked the drug cart in OR#3, she saw Dr. DORIN enter OR#3. BABCOCK said she saw Dr. DORIN remove 2 vials from the drug cart that she believed was Propofol and then left OR#3.

PISEGNA said as BABCOCK watched Dr. DORIN walk down the hallway, BABCOCK told PISEGNA that she observed Dr. DORIN staggering as if he was half asleep. BABCOCK said Dr. DORIN had his eyes closed at one point as he walked down the hallway. She (BABCOCK) said that one of Dr. DORIN's pant legs was pulled up higher than the other one. BABCOCK told PISEGNA that she (BABCOCK) saw Dr. DORIN "flip off" the cap to a drug vial. BABCOCK said she saw the cap and a needle fall to the ground as Dr. DORIN walked down the hall. BABCOCK said she was not sure where Dr. DORIN went after he was out of her sight.

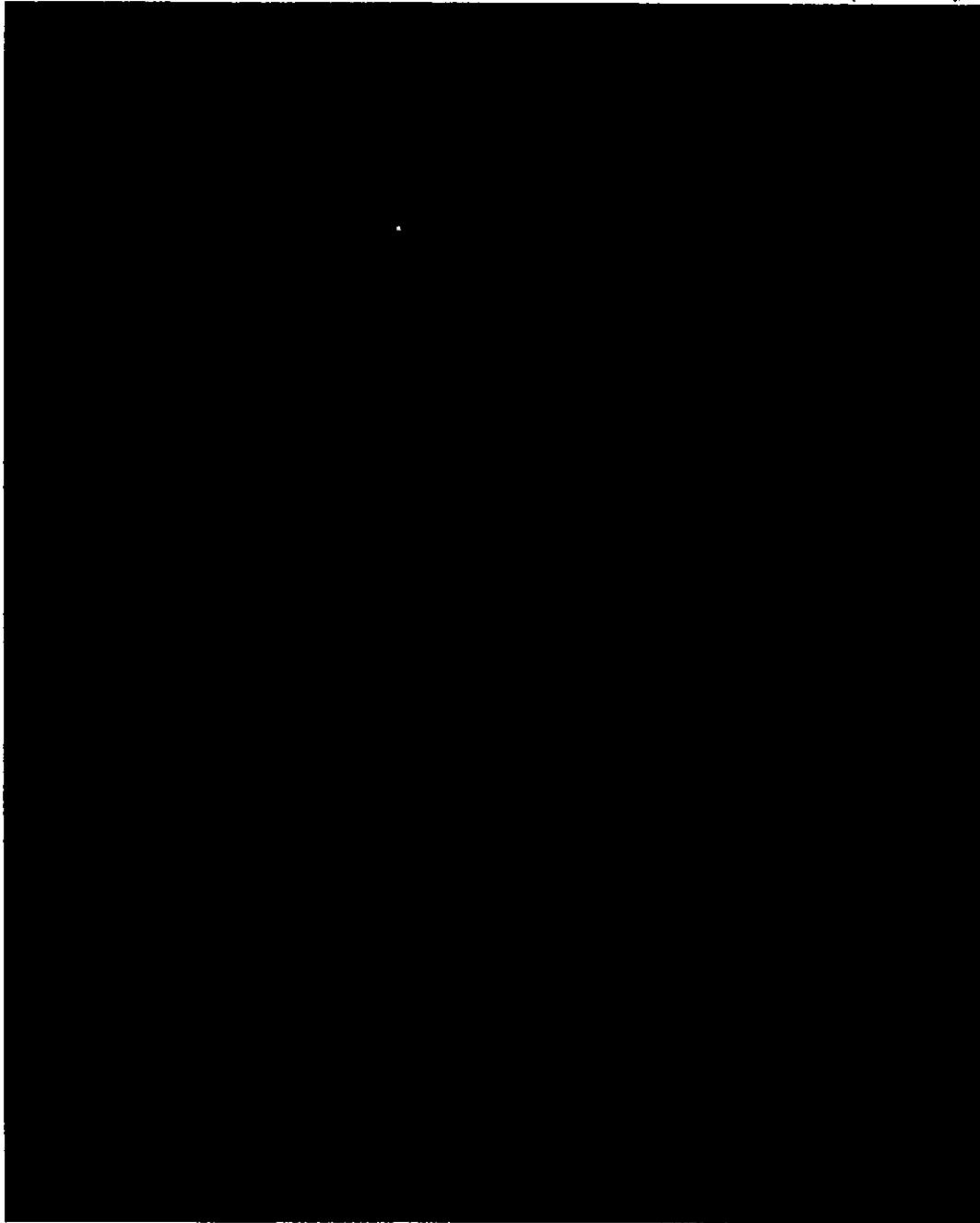
PISEGNA said BABCOCK recovered the needle and blue cap that Dr. DORIN dropped on the ground. BABCOCK then went back into OR#3 and did an inventory of the drug cart. BABCOCK discovered two (2) vials of Propofol missing from the drug cart. BABCOCK and VERYSON immediately took the blue cap and needle to PISEGNA. PISEGNA said BABCOCK and VERYSON

were concerned about Dr. DORIN due to their observations. BABCOCK believed that the blue cap was from a Propofol vial.

I ended my interview with PISEGNA at this time.

I immediately went to PISEGNA's office at the Women's Center at Grossmont hospital. I notified Security Director Ray Albright who met me at Grossmont hospital.

At approximately 1555 hours, I collected the blue cap and needle from PISEGNA at her office. I wore gloves and placed the items in a plastic security bag #10063000. PISEGNA pointed out to me the red substance in the needle sheath. We believed that the red substance could be blood. I kept the items with me till the next day (April 4, 2013). I photographed the blue cap and needle. (8 digital photos) I sealed the security bag and placed the security bag in a safe located in my office. I am the only person that has access to the safe.

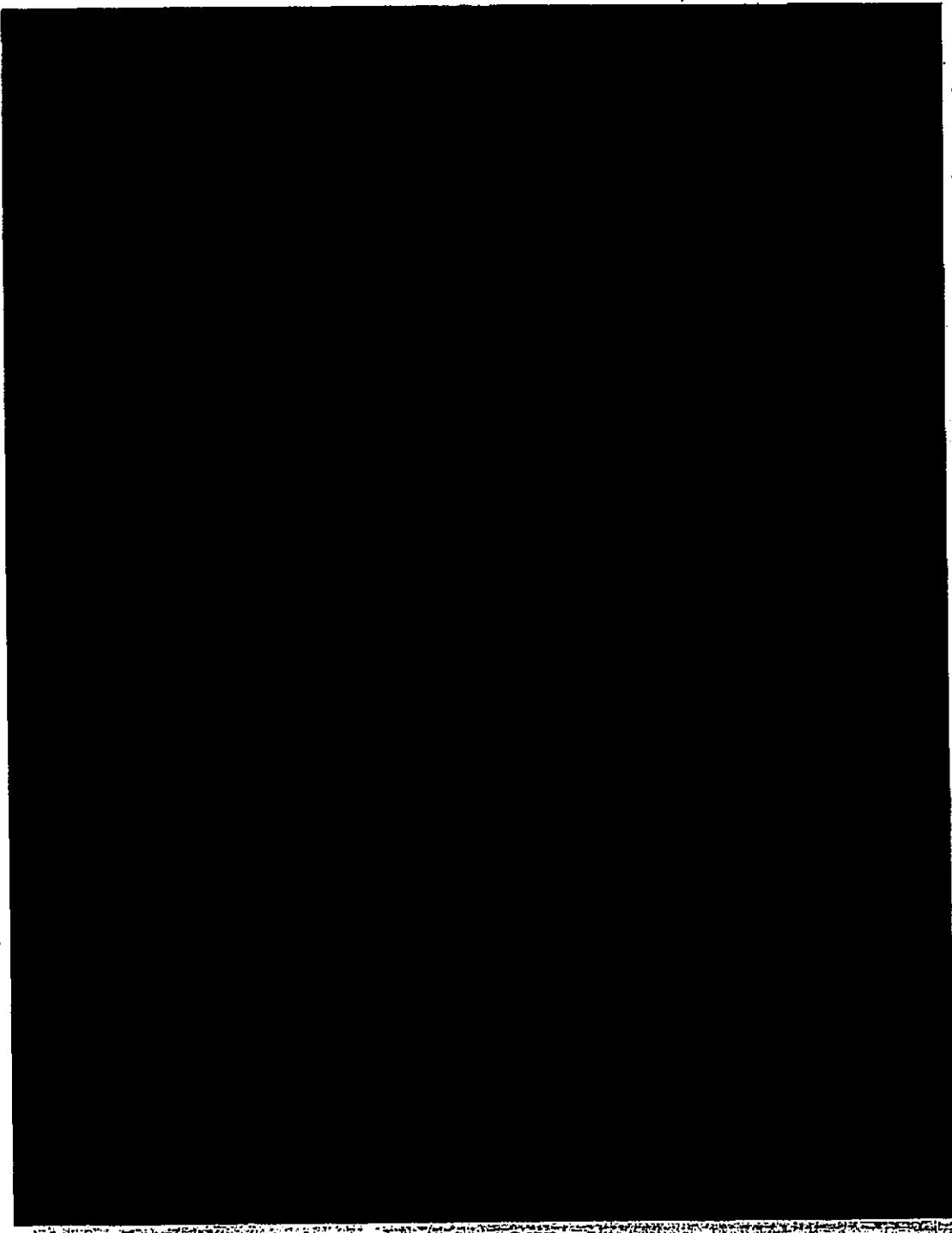


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**EXHIBIT 11**  
**215**

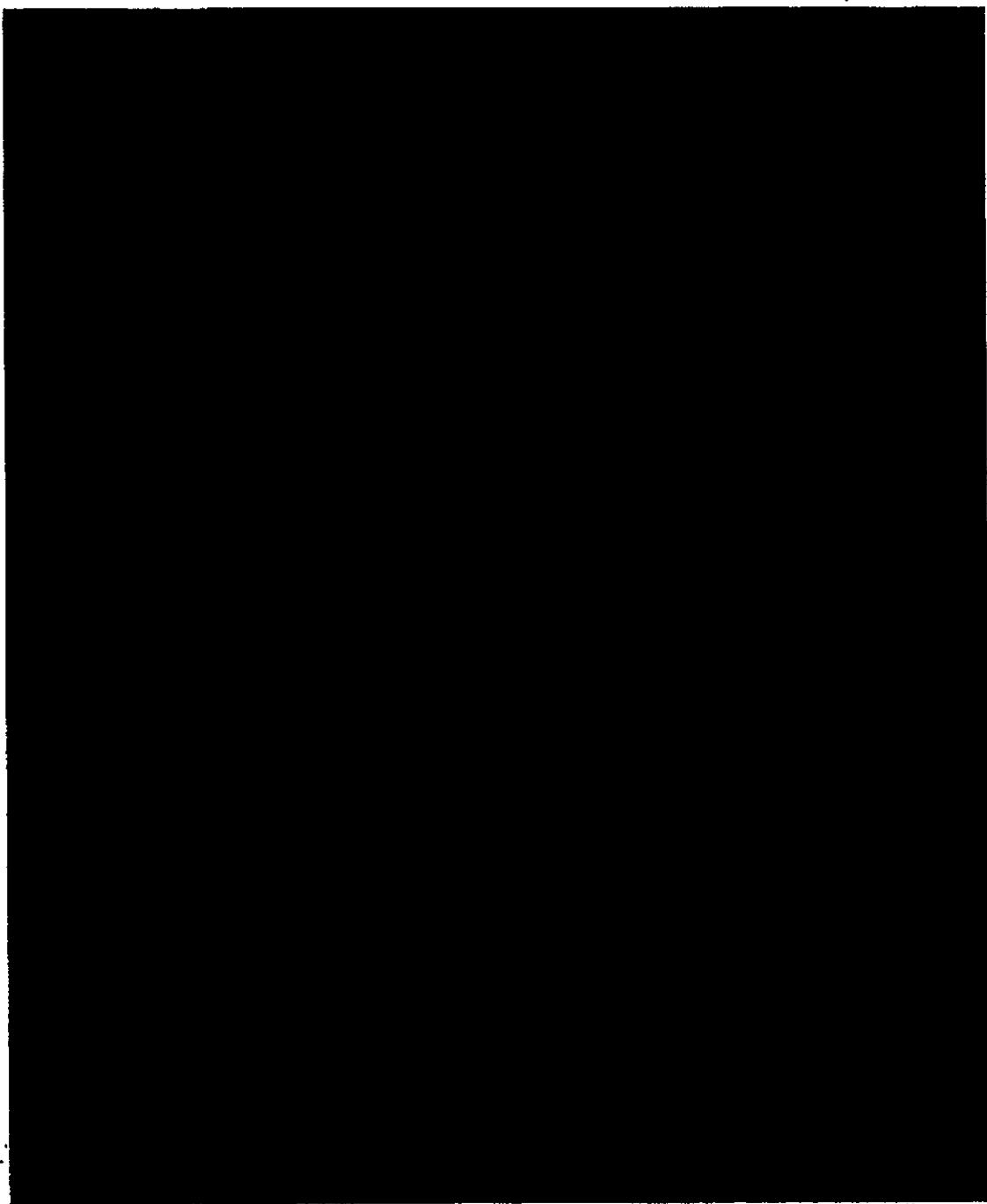


21

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EXHIBIT 11  
216

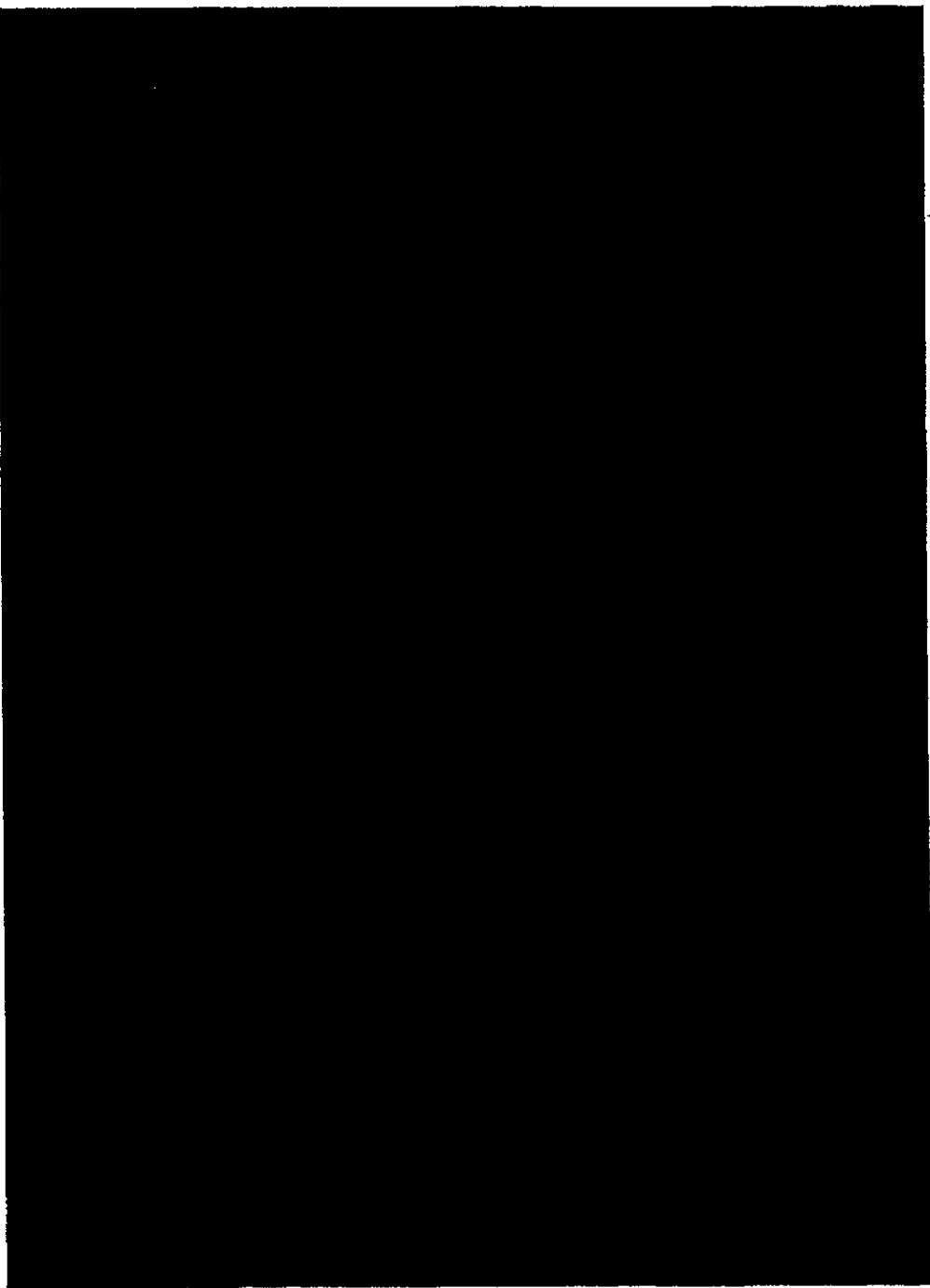


22

**CONFIDENTIAL**

**SHARP000030**

**EXHIBIT 11**  
**217**

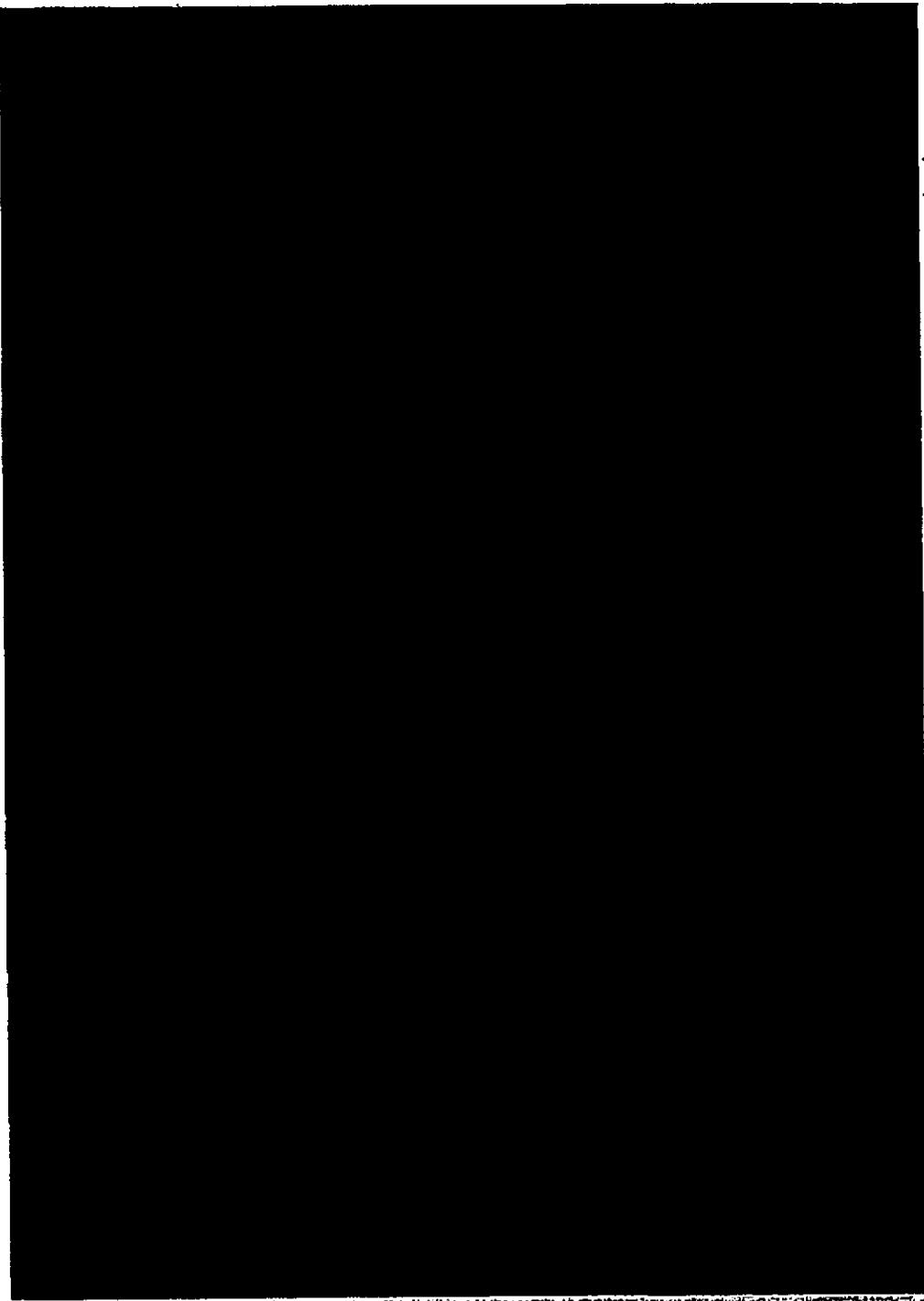


23

**CONFIDENTIAL**

**SHARP000031**

**EXHIBIT-11**  
**218**

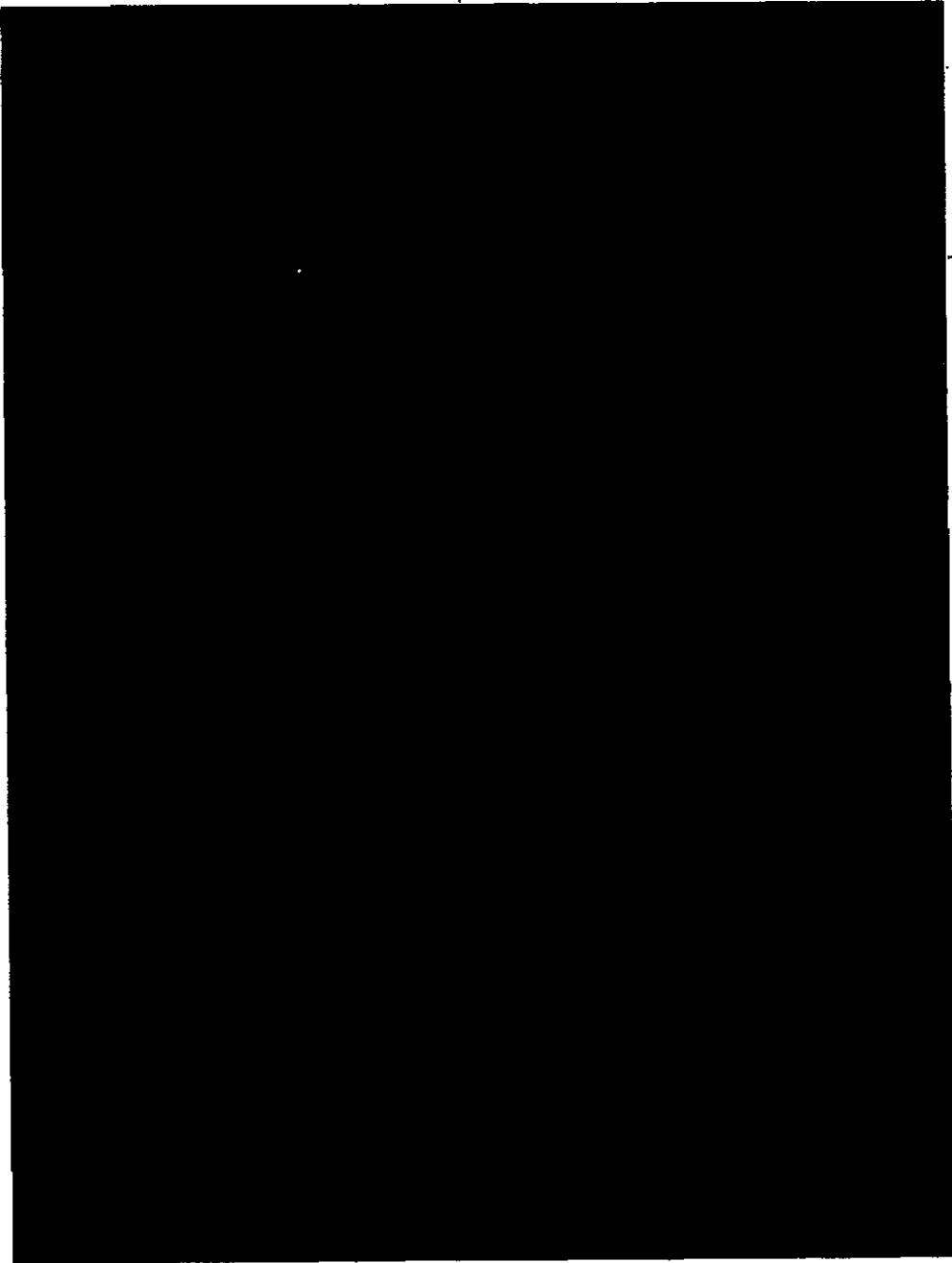


24

**CONFIDENTIAL**

**SHARP000032**

**EXHIBIT 11**  
**219**

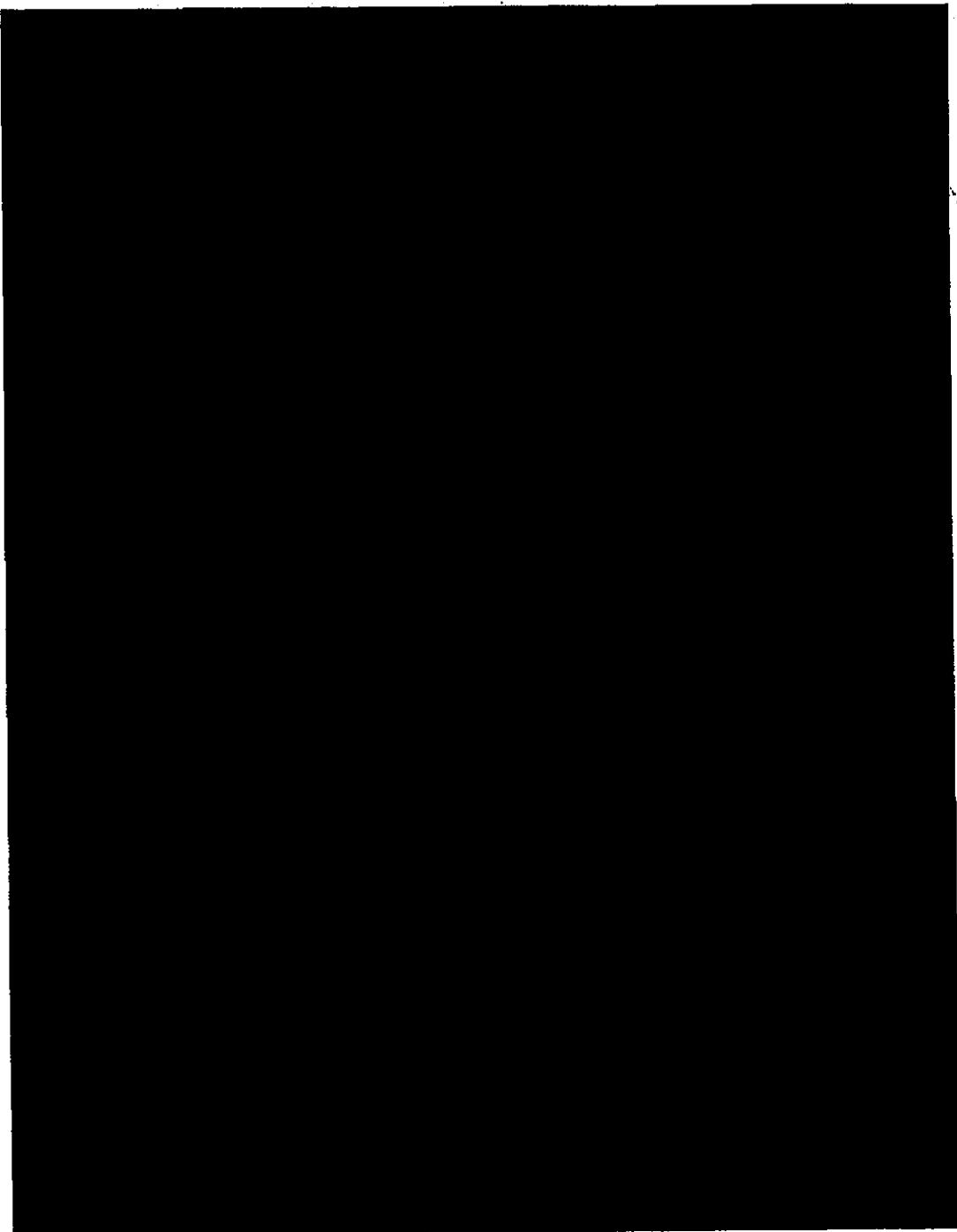


25

**CONFIDENTIAL**

**SHARP000033**

**EXHIBIT 11  
220**

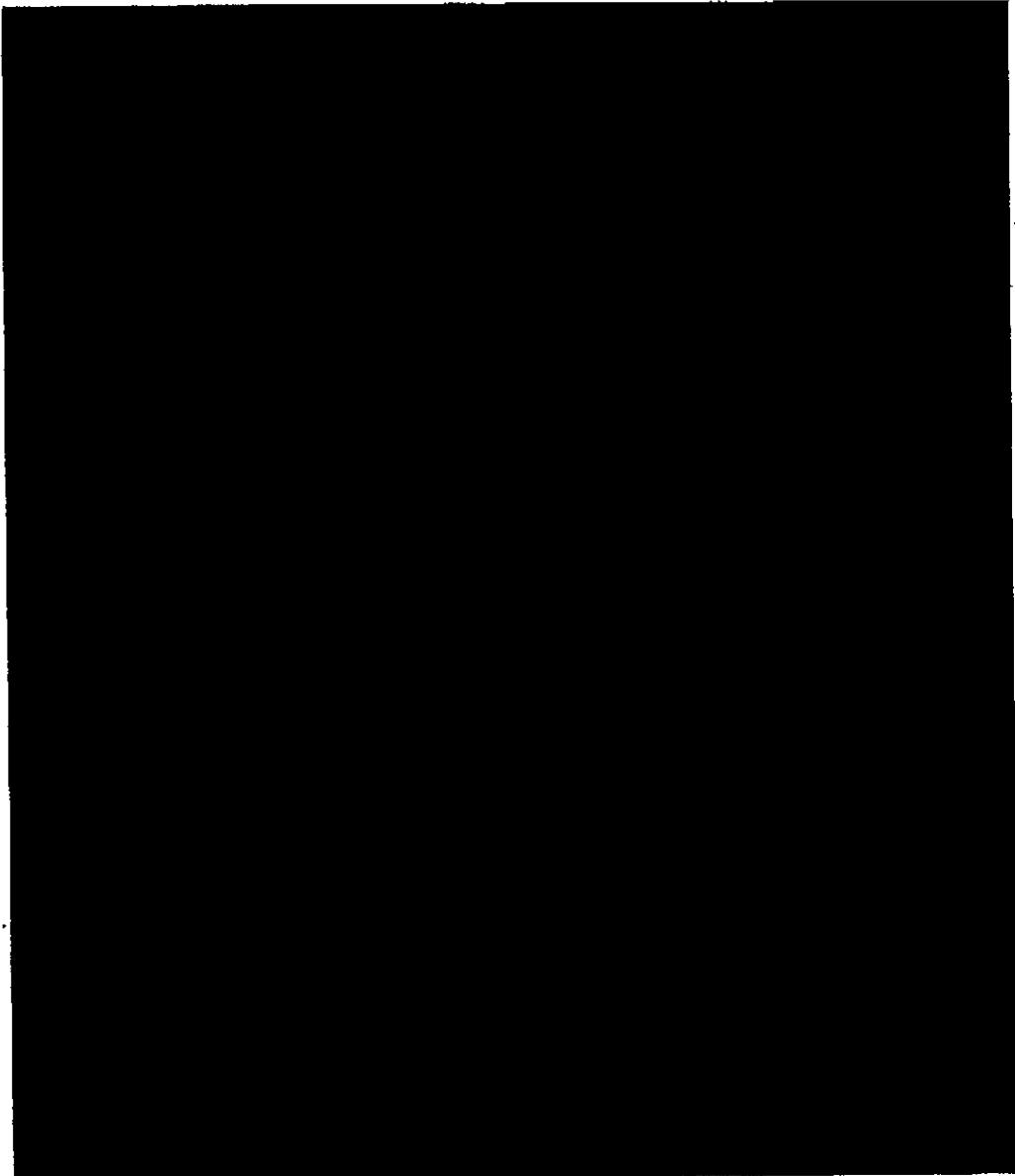


26

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**SHARP000034**

**EXHIBIT 11  
221**



Howard LaBore  
Investigator—Sharp HealthCare  
04/05/2013

**CONFIDENTIAL**

**SHARP000035**

**EXHIBIT 12**

# Exhibit 12

**(LODGED CONDITIONALLY UNDER SEAL)**

Case # :

SHAR001332012005

TORADOL

VIAL

\$0.00

2

Narrative text

ON MAY 9TH, 2012 AT 0930 HOURS I WAS ASKED BY SUPERVISOR COYLE TO SPEAK WITH WOMEN'S SURGERY SUPERVISOR LINDA HAMEL REGARDING A THEFT. I THEN WENT TO WOMEN'S CENTER ADMINISTRATION WHICH IS WHERE I MET LINDA. LINDA INFORMED ME THAT THEY HAVE BEEN MISSING AN ASSORTMENT OF DRUGS FROM THEIR SURGERY CARTS OVER THE PAST FEW MONTHS. SHE STATED THE MAIN OPERATING ROOM EMPLOYEES COME OVER TO BORROW DRUGS FOR CASES THEY ARE WORKING ON, BUT TODAY SHE NOTICED ALOT MORE THAN NORMAL WERE MISSING AND NOT THE USUAL DRUGS THE MAIN O.R. BORROWS. UPON FURTHER SPEAKING WITH LINDA SHE INFORMED ME THAT EMPLOYEE JANA BABCOCK HAS NOTICED DRUGS HAVE BEEN MISSING FROM THE CARTS SINCE APRIL 2011 AND EMPLOYEE SANDY TWYMAN STATING THAT DRUGS HAVE BEEN MISSING FOR ABOUT 3 MONTHS.

THE DRUGS THAT WERE MISSING THIS MORNING IN WOMEN'S O.R. ROOM 1: *controlled?*

2 BOTTLES PROPOFOL - NO  
6 VIALS ZOFAN - NO  
4 VIALS PEPCID - NO - NO  
1 BOTTLE METOPROLOL - NO  
2 BOTTLE SUCCINYLCHOLINE - NO  
1 BOTTLE ROCURONIUM - NO  
2 VIALS DECADRON - NO  
2 VIALS TORADOL - NO.

*(None are controlled)*

ALSO 4 REUSEABLE AIRWAYS ARE UNACCOUNTED FOR, BUT LINDA IS UNSURE IF THEY WERE STOLEN, DISCARDED WITHOUT NOTING, ETC.

DR.

LINDA HAMEL - OK. 11:00AM Fri

JANA BABCOCK - OK 11:00AM Fri

SANDY TWYMAN - Fri

*Tuesday - 5-15 - Apps.*

*Women's CTR.*

EXHIBIT 47

Jones v- Sharp  
George Sweet  
10/17/2017

Litigate Reporting & Trial Services

Submitted By:	Submitted Date:	Entered By:	Entered Date:
SPENCER FRANCO(fabu2)	05/09/2012 1345		

Page 4 of 4

CONFIDENTIAL

SHARP001332

## **Investigative Report**

**May 11, 2012**

On May 09, 2012 a report was filed with security (SGH05092012000548) regarding missing drugs from a surgery cart in OR #1 in the Grossmont Women's Center. A copy is attached to this report.

On May 10, 2012, I interviewed Sandy Twyman by phone. Twyman has been at Sharp about three months. She said one of her jobs is to replenish the surgery cart in OR #1 every night before she goes home. She said that on May 8<sup>th</sup> she stocked the surgery cart at the end of the day. The next morning she checked and found there were some drugs missing from the cart.

The cart is kept in a room adjacent to OR #1. It is not in an open area and is not accessible to the public. A person wanting to enter the room where the cart is kept would have to "gown up".

She checked and found that there had been three procedures done after she stocked the cart. None of these procedures required the use of the missing drugs.

Doctor Adam Dorin was the Anesthesiologist for the three cases.

Linda Hamel, the Surgery Supervisor reported this shortage to her boss who reported it to Security.

On Friday May 11, 2012, I interviewed Both Linda Hamel and Jana Babcock at the women's center. They both agreed that the drugs taken were as if someone was stocking a surgery center. They said that there was no street value for these drugs and that special knowledge is required to administer them. Hamel said that Succinylcholine is a paralytic. The patient MUST be intubated when the drug is administered or the patient will stop breathing.

Hamel said that around June of 2008 Doctor Dorin had told the staff that he and his wife had opened a MD Spa in Santee and was passing out flyers to the staff regarding this side business.

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**SHARP000005**

Hamel said that at one point "a while ago" Dr. Dorin was the Medical Director of the Surgery Plaza on the ground floor of the GMP building. She said that Dorin was removed from that position.

The RIVERVIEW MD SPA is located at 280 RiverView Parkway, Building 280, Suite 602 Santee 92071; Phone: 619 456-4555 Adam Dorin and Shirin Dorin are listed as directors

There is no written record of any of the missing drugs previous to May 2012 but both Hamel and Babcock say the losses go back a few years.

They will document any further drug shortages and will notify me as well.

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**SHARP000006**

Day	Date	Hour	Day	Date	Hour	Day	Date	Hour
Thurs	9.13.12	11:40p	Sat	12.1.12	2:54a	Thurs	12.6.12	6:00a
Friday	9.14.12	12:38a	Monday	12.24.12	1:12a	Tues	12.11.12	12:16a
Friday	9.14.12	4:51a				Sunday	12.16.12	2:54a
Monday	12.10.12	11:16p				Sunday	12.16.12	3:20a
Sunday	12.16.12	2:54a				Thurs	12.20.12	12:13a
Thurs	1.3.13	8:09p				Thurs	12.20.12	1:11a
Tues	1.8.13	12:31a				Friday	12.21.12	4:16a
Tues	1.8.13	1:51a				Friday	1.4.13	2:48a

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**SHARP000007**

**WITNESS LIST**  
**MISSING DRUGS**  
**SHARP WOMEN'S CENTER**  
**5555 GROSSMONT CENTER DRIVE**  
**LA MESA, CA 91942**

- |                            |                                 |
|----------------------------|---------------------------------|
| 1. <b>Lily PISEGNA</b>     | Director-Women's Center         |
| 2. <b>Sharon WHITE</b>     | Manager-Women's Center          |
| 3. <b>Linda HAMEL</b>      | Supervisor-Women's Center       |
| 4. <b>Brandi SURPRISE</b>  | RN-Women's Center               |
| 5. <b>Serena WONG</b>      | RN-Women's Center               |
| 6. <b>Gail HENDERSON</b>   | RN-Women's Center               |
| 7. <b>Jana BABCOCK</b>     | RN-Women's Center               |
| 8. <b>Coleen BURKS</b>     | RN-Women's Center               |
| 9. <b>Dolly TANCIOCO</b>   | RN-Women's Center               |
| 10. <b>Krista VERRYSON</b> | Scrub Technician-Women's Center |
| 11. <b>George SWEET</b>    | Investigator—Sharp Spectrum     |
| 12. <b>Howard LaBore</b>   | Investigator—Sharp Spectrum     |

**CONFIDENTIAL**

**SHARP000008**

**EXHIBIT 13**

# Exhibit 13

**(LODGED CONDITIONALLY UNDER SEAL)**



Wednesday, May 15, 2013, at 10:51:03 PM